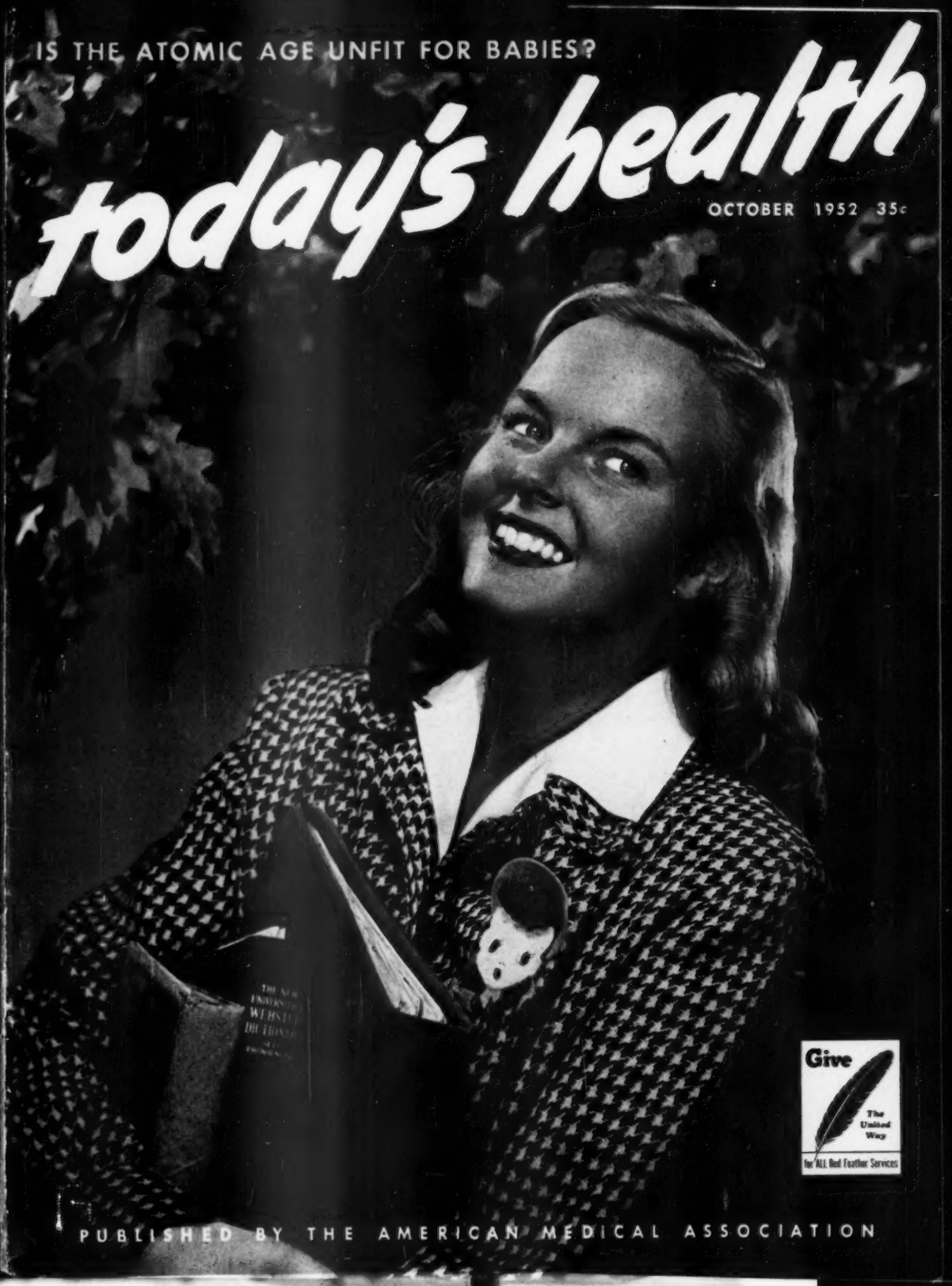
IS THE ATOMIC AGE UNFIT FOR BABIES?

today's health

OCTOBER 1952 35c



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AN MEDICAL ASSOCIATION

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today's health contents

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A PLATFORM FOR TODAY'S HEALTH

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A fight against fraud and quackery

TODAY'S HEALTH is dedicated to this platform, in harmony with the 12 point Health Program of the American Medical Association. These objectives are immediate focal points toward which the policy of TODAY'S HEALTH is specifically directed.

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Rye Bread Ingredients

Question. My family enjoys eating old-fashioned rye bread in preference to any other kind. In fact, we all eat two or three slices at each meal, included with a balanced diet. I understand that the main ingredients in old-fashioned sour rye bread are rye flour, clear wheat flour, water and salt. Will you please let me know in what way this rye bread is healthier than regular commercial white bread.

New York

Answer. Since rye bread is usually made from a mixture of rye flour and unenriched white flour, its nutrient content is not significantly different from white bread made from enriched flour. The following table illustrates this.

	RYE (1 slice)	ENRICHED WHITE (1 slice)
Protein	1.3 grams	1.7 grams
Fat	0.7 gram	0.4 gram
Carbohydrate	10.0 grams	10.0 grams
Calcium	4.0 milligrams	11.0 milligrams
Phosphorus	19.0 milligrams	20.0 milligrams
Iron	0.2 milligram	0.4 milligram
Thiamine	0.03 milligram	0.05 milligram
Riboflavin	0.01 milligram	0.03 milligram
Niacin	0.2 milligram	0.4 milligram

If you like rye bread, by all means continue eating it.

Cancer Diagnosis

Question. In a patient where cancer of the uterus has been found only on one side, is the outlook more hopeful than if a larger area were involved? Is it possible to decide whether cancer is present merely by examining the secretion without cutting out some tissue for examination?

Illinois

Answer. The location of the cancerous growth in a uterus is less important than determination of whether cancer has spread from the original growth to other parts of the body. Of course this can occur without the entire uterus first becoming involved, and it is possible that even in advanced cases not all of that organ may be invaded. As a result of introduction of new methods of examination, it is now possible to prepare and stain secretions from a cancerous growth for study under the microscope. Since they will show up any cancer cells that have been shed, just as accurate a diagnosis can be made as if a piece of tissue were cut out and studied. This is of value principally when cancer cells are found. Absence of such cells cannot be taken as absolute proof that cancer is not present, and in such a situation the attending physician usually will then remove a piece of the suspected tissue for examination.

Twenty-five Trillion Red Cells

Question. We have been having a discussion of blood cells, and the question has been raised on why we have so many more red cells than white cells. About how many red cells are there in the blood?

Georgia

Answer. One substance that is essential to life is oxygen. Without it, individual cells of the body die quickly. The red cells carry oxygen from the lungs to all parts of the body. Since they are microscopic, each cell can carry only small amounts of oxygen, and they must make up in numbers for their individual inadequacy. This explains why so many red blood cells make the continuous round of circulation, from the lungs to the tissues and back to the lungs.

The white blood cells perform a different function, on a more temporary basis. They act principally as defenders of the body against infection. The white cells can be considered as mobile police forces, prepared to rush to any part of the body where infection threatens. Ordinarily there are only between 7000 and 8000 of them per cubic millimeter of blood. In emergencies, the total can be raised quickly to 15 or 20 thousand, still far below the number of red blood cells, which is between four and five million per cubic millimeter. It has been estimated that the average human being has approximately 25 trillion red blood cells.

Pyorrhea Treatment

Question. I have been told that pyorrhea is starting to affect my teeth. I have begun rinsing out my mouth with salt water. How often should I do this, and should the water be warm or cool? Please tell me anything else I can do.

Idaho

Answer. The early stages of periodontal diseases, of which pyorrhea is one form, can be controlled by a dentist and by careful mouth hygiene. Rinsing the mouth after brushing the teeth is beneficial, but there is no particular advantage to using salt water.

We feel sure that you can prevent loss of your teeth from pyorrhea for years to come if you will go to a dentist in whom you have confidence and take his advice.

Basal Metabolism

Question. Would you please explain the basal metabolism test? What does it determine? Could it be used as a diagnosis of pregnancy?

Ohio

Answer. The term metabolism refers to the various normal body functions that are present from the instant of conception until death. The chief ones are the steady beat-

Meat...

and the Dietary Treatment of Liver Disease

In recent years, great progress has been made in the treatment of liver disease. This progress, largely, is the result of improving the protein nutrition of the patient.

Protein probably is more important than any other food constituent in the dietary treatment of liver disease. For promoting repair of the diseased liver tissue, greater amounts of protein are given the patient than are normally required for adequate nutrition. Not only the amount of the protein consumed is important, but also its nutritional quality. Because its protein is of notably high biologic quality, meat usually provides at least 50 per cent of the protein in the prescribed diet. Otherwise, the diet supplies liberal amounts of carbohydrate, but little fat.

Regardless of cut or kind, meat is an outstanding source of excellent quality protein, providing an abundance of all the essential amino acids. It also is important for its high content of the B group of vitamins and of iron and other essential minerals. In addition, meat is highly digestible and possesses great appetite appeal, making it particularly useful in specialized diets calling for large amounts of protein.

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ing of the heart and breathing. Both of them are related to activities of all organs and tissues because they help to provide the oxygen that is essential to life. Secondary functions that are not kept up constantly, or at least show peaks and depressions of activity, are nutrition and excretion. What the metabolism test does is estimate the basic need of the body for oxygen over a fixed period.

In order to get as accurate a picture as possible, the person to be tested should not eat on the morning of the test and should indulge in as little exercise as possible before it. In most cases, a rest period is required immediately before the study. Then, using a special mask, the patient gets pure oxygen to breathe for a brief period. Extreme care must be taken that none of the oxygen escapes and that the patient does not breathe outside the mask, because the amount of oxygen used determines the metabolic rate. Height, weight, sex, body temperature and barometric pressure are all included in the calculations. The basal metabolic test is considered of value in providing supplemental evidence, but in itself is not an exact diagnostic technique. Usually more than one test is made in order to eliminate possible errors in testing. This test would not be specific as a means of diagnosing pregnancy.

Values of Dried Foods

Question. Do corn and green beans lose much of their food value when dried? How does the food value of these foods, dried, compare with them canned? Do pressure canned foods retain more of their nutritional value than those canned by cold packing? Indiana

Answer. The vitamins and minerals in vegetables and fruits are best retained through quick and careful handling with a minimum amount of time between harvesting and processing. Depending on the acidity of the food and the cooking time and temperature used, the nutrient content of canned foods can be more than 80 per cent of that of the fresh product. If blanching is employed the nutrient content, of course, will be less since a large portion of the water-soluble nutrients will be extracted. Because higher temperatures are generally employed in the dehydration process, the nutrient retention of dried foods will average less than that of the same foods canned. If pressure canning and canning by cold pack are both done properly there should not be any greater loss of nutrients than in the commercial canning process. The cold pack method will probably result in a slightly higher nutrient retention because high temperatures are not employed.

Answers given here are limited to brief replies to specific questions. Full discussion is not intended. Questions involving diagnosis or treatment should be referred to the family physician. Dental inquiries are answered through the cooperation of the American Dental Association.

Transplanting Teeth

Question. Is it possible to take tooth buds out of animals and transplant them in the human jaw and make them grow? Iowa

Answer. A number of dental research workers are investigating the possibility of transplanting tooth buds from the jaw of one animal to another. Although the idea holds some promise, the studies have not progressed sufficiently to draw a conclusion as to whether it would be practical or even successful in a majority of cases or whether animal tooth buds could be used in human beings.

Perspiring Feet

Question. I have lately been bothered by perspiring feet. Can you recommend something to stop this? My doctor says it is partly the result of being considerably overweight. Is this possible? Besides perspiring, my feet ache at times. Do you think these two things are related?
Illinois

Answer. It is generally recognized that excessive perspiration of the feet is more common in those who are overweight. Added weight probably

puts more of a burden on the feet, and perspiration is one expression of protest. Foot pain may also result from the added strain. Although the average person's feet perform an incredible amount of work without protest, there is a limit to everything. When one considers that the entire weight of the body is carried alternately by each foot during all forms of standing activity, it is surprising that our feet hold up as well as they do. Various preparations can be applied to the feet to help reduce perspiration, but probably your wisest move is to heed the advice of your doctor and try to reduce your weight.

Third Field of Medicine

Question. The other day I heard the expression "the third field of medicine," but I did not understand what it referred to. Can you tell me?

Oregon

Answer. This reference is to physical medicine and rehabilitation for handicapped patients. It is a natural sequel in the management of all patients, although it is a rather new approach. The first field is diagnosis of a disorder, and the second its treatment. In recent years this third aspect has deservedly been receiving much more attention.

Pasteurized Beer?

Question. What is the mineral and vitamin content of unpasteurized beer as compared with pasteurized beer? Is it more healthful to drink bottle beer out of a glass since the gas in the beer is liberated by pouring the beer into a glass?

Minnesota

Answer. Beer contains about 4.5 per cent carbohydrate with minute amounts of protein, some minerals and B vitamins. While pasteurization may have some adverse effect on certain B vitamins, this is of no practical significance since they are present in such minute amounts to begin with.

It is up to each person whether he prefers carbonated or flat beer. From a health and nutrition standpoint, there is no difference.

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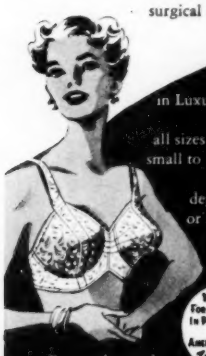

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By Ida Bailey Allen

Until economists find a way to deflate ever-rising food prices, a little extra thought in selecting and preparing the daily menu will go a long way toward making every homemaker her own economist. Mrs. Allen tells how the job can be done in a thousand ways that challenge the imagination—and produce good eating and real savings in the bargain.

I'M GLAD I DIDN'T GIVE UP

By Austin H. Phelps

If you have read any of Austin Phelps' recent articles in *Today's Health* (his latest is on page 20), you know him as a real outdoorsman—one who has made rugged outdoor living more than an avocation. Many years ago, diabetes threatened to end all the things that to him made life worth living. But he "didn't give up" and this is the story of his tough but successful battle to learn to live with a chronic and incurable disease.

WEIGHT, HEART AND BLOOD PRESSURE

By Max Millman, M.D.

New facts showing the tremendous liability of overweight continue to mount. In this helpful article, Dr. Millman discusses primarily the adverse effect on the heart of high blood pressure—four times more common in overweight men; six times more common in too-heavy women! Weight reduction alone, he says, often cures high blood pressure and brings welcome relief from heart trouble aggravated by it.

IF TYPING MAKES YOU TIRED

By Ethel Strattan

Whether you're a whiz or just a hunt-and-peck amateur, chances are fatigue often catches you unawares. And it's probably because you're doing something wrong. You'll value these tips—many of them now proved by "modern science"—for more relaxed and more efficient typing.

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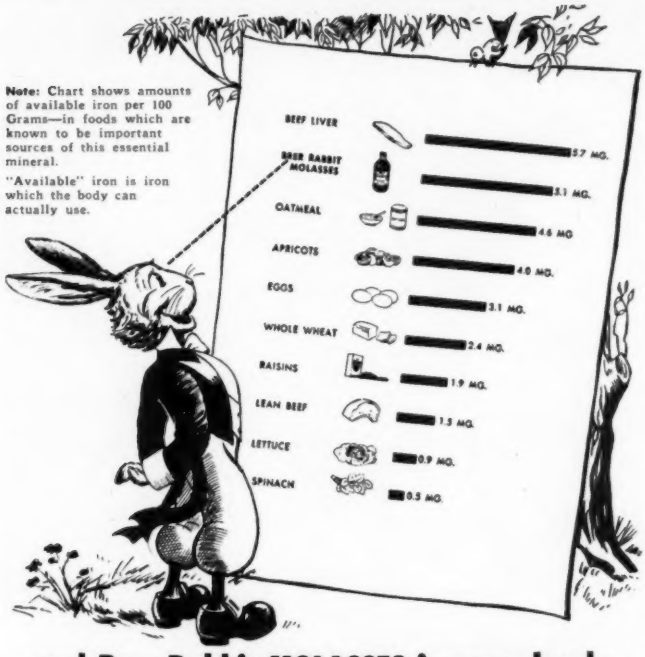

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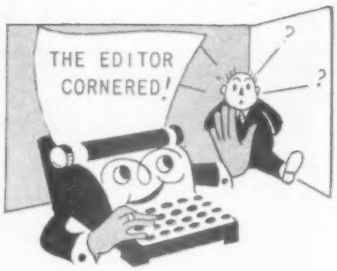

NOTE ON THE WELFARE STATE: A number of women were quizzed as to why they brought their babies to the child health station. Said one: ". . . . a doctor just tells you to start boiled egg. Here they tell you how to boil the egg, too." And who supplies the egg?

• • •

IT'S BEEN A LONG TIME since we've heard from Old Doc Aesop, so here is a word from him, suggested by the person who spent his days worrying about serious diseases like tuberculosis, cancer, heart disease and diabetes, while he had one cold after another, which he neglected until he lost much of his hearing. Dr. Aesop knew him: An astronomer used to go out of a night to observe the stars. One evening, as he wandered about with his whole attention fixed on the sky, he fell into a well, and loudly lamented his sores and bruises. An unsympathetic neighbor yelled down the well at him: "Why, in striving to pry into the heaven, do you not manage to see what is on earth?"

• • •

OUT OF THE MOUTHS of (adolescent) babes: "The average parent tries to baby his child all he can, and it's no help to the child" . . . "What we need is a helping hand at the right time, and an encouraging smile now and then. Take my case of trying to master the fine art of eating ice cream cones. It made no difference to my family that I was dribbling *less* each time. All they could comprehend was that I dribbled!" . . . "We don't often get a knowledge of life and its problems; one day we'll be on our own, we'll face problems we never heard of, and we won't know how to solve them" . . . "Last summer I was a runner on Wall Street; I learned a bit of what has been kept from me by my doting

parents" . . . "Lots of us have working parents, plural. Their working hours, women's clubs, our school hours, part-time jobs and extracurricular activities have lessened the pampering for many of us; we are more self-reliant and better equipped to face reality than our parents were."

• • •

A FAVORITE TELEVISION PROGRAM, "What's My Line," recently entertained a woman who is a country doctor. After guessing her "line," the panel made a gracious gesture to the guest, and by implication to all country doctors. The panel members asked permission to shake her hand, and from their chorus of informal remarks several compliments to the country doctor emerged. The audience too gave her a generous ovation . . . and rightly so. The general practitioner in the rural area still performs an important medical function and will continue to do so. It is heartening to see these city people so appreciative of these facts.

• • •

LITTLE MAJOR LEAGUE baseball is taking the lime-light. The kids play on a reduced-size diamond, with regulation-size but lighter weight ball. And they're on television. Says the Chicago *Tribune* radio column: "They may not be as big hams as the grown-up players, but they're little hocks all right." And they drive the announcers crazy because they don't stay the same size and weight . . . they grow! They are not allowed to use any bad language, but mugging the television camera with black looks at the umpire is OK. And among the pledges they take is "to try to understand their parents."

• • •

THAT, OF COURSE, is what wins Olympic medals . . . love of sports, keen and clean competition, freedom, good nutrition for strong growth, sportsmanship and a sense of humor.

Sometimes a sense of humor can be overdone. In the interests of time and brevity, the Editor headed a rough copy of this column "Edcorn." An associate remarked as to the appropriateness of the title.

Now they've got the Editor really . . . CORNERED.

W. W. Bauer, M.D.

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Plantar Wart

Question. What is a plantar wart? Is it communicable like athlete's foot? How long may it grow before being detected? Is there any connection between plantar warts and stone bruises? Illinois

Answer. A plantar wart is a wart on the plantar aspect or sole of the foot. It is caused by a virus and may be transmitted by third objects such as wet planks at the bathing beach or the floor around swimming pools where people with this type of wart have deposited the virus. The wart should be detectable as soon as it makes its appearance, because it will cause pressure pain when one walks. There is no connection between plantar warts and stone bruises. If a school child gets a plantar wart, he should go to a physician immediately. The child should be kept out of the swimming pool and shower area until he presents a written release from his physician.

Decay in First Teeth

Question. My little girl, age six, has poor first teeth. They decay very easily and at least four abscesses have formed. Two dentists have filled the teeth but they form abscesses anyway, as though they were decaying under the filling. Can anything be done to hinder this continual decay and abscess? Will her second teeth be bad too?

Wisconsin

Answer. The poor condition of your child's first teeth may have one or a combination of several causes. Possibly the teeth did not calcify properly because of nutritional or bodily disturbances before they erupted. It does not necessarily follow that the second or permanent teeth will be equally affected by decay.

Presumably your child is eating wholesome foods, but it should be pointed out that in almost all instances of rampant tooth decay, the child usually has a special liking for sweetened foods and confections. We suggest that you watch your child's diet carefully, see that her teeth are brushed immediately after eating and hold to a minimum all sweetened desserts, confections and beverages.

Hard Water Bathing

Question. We have hard water in our town, and I wonder whether it is safe to use for bathing babies. Do you think it might affect the skin by making it dry and rough? I have noticed that sometimes the skin on my own face gets scaly and dry. Does hard water have any harmful internal effects? California

Answer. There is nothing in hard water that in itself would affect the skin unfavorably, either in a child or adult. The term "hard" is sometimes misinterpreted to mean harsh, but actually hard water is simply water that has more calcium and less sodium in solution. The chief difficulty with this kind of water is that soapsuds do not form as easily, but it is doubtful that this could result in harmul effects even if a little more scrubbing might be necessary. As a matter of fact, skin dryness would be

more likely to develop with soft water because it produces more lather and this might remove more of the natural skin oils. Of course there are a great many reasons for skin dryness, and we cannot say whether your experience is directly related to the type of water used.

Hard water taken internally is no different from other water. If the body needs the calcium, it will utilize it; if not, excess calcium is excreted with other wastes. However, because extra calcium may possibly aggravate the condition, people who have displayed a tendency to form calcium kidney stones are often advised to use soft water and sometimes even distilled water. Of course this must be done under careful medical supervision.

Birthmarks

Question. My daughter, who is six, has a birthmark which covers about two-thirds of the left side of her face, including the eyelid and forehead. She has had x-ray and other treatments, but results have not been satisfactory. Recently I read that tattooing can conceal birthmarks, and I would like to know whether it might be used in my daughter's case. Would plastic surgery help?

Maine

Answer. A recent discussion of tattooing for masking skin blemishes has created some false impressions. Actually, tattooing is used relatively little, usually only to cover small blemishes. Not only is it difficult to obtain a natural skin color, but in many cases the tissues are not entirely normal and undesirable reactions may be produced. In certain patients, depending principally on the type of blemish, it is possible to remove the affected tissue and make a graft, but no general statement can be made about this. If you have not consulted a plastic surgeon, perhaps that would be the wisest move. You undoubtedly could obtain helpful guidance from a dermatologist.

Dental questions are often included here through the cooperation of the American Dental Association. *For* Child Training *see page 68.*

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NITEY NITE SLEEPERS · Perry, N. Y.

AN EDITORIAL

HAVE YOU A HEALTH CONSCIENCE?

WE all believe that health—"wholeness of body and mind"—is a desirable goal. Most of us agree that to attain it we must know something of the laws of health, of body mechanics, of modern medicine and sanitation.

But is this knowledge enough? Does it necessarily result in maximum health for the individual? If so, physicians, nurses and other health personnel would enjoy a higher degree of health than the population as a whole.

It would seem that some other ingredient, factor or quality is needed. What is it?

An eminent psychologist, G. Stanley Hall, tells us, "There is a health sense with which some people are born, that can be developed, to some extent, by training, and of which others show no trace through their entire lives, squandering health as a spendthrift does money."

This health sense may well be called a *health conscience*—the missing link between knowledge and performance. As "conscienceless" has been defined as lacking principle, it seems fair to suggest that lack of health conscience may constitute a form of immorality.

Is it worth while attempting to secure and maintain health?

While it is true that many beautiful and courageous people, sick through most of their lives, have enriched the world, all studies indicate that health is morally and physically an asset.

"The list of great invalids is long," Hall writes in his "Life and Confessions of a Psychologist," "but on the other hand, study of two hundred biographies shows that the list of great original minds who were supernormal in health is about 14 times as large . . . Most of the world's work has been done by men in moments of superb health . . . great achievements are products of the joy of living, of super-abundant vitality."

If we agree that health is desirable and that knowledge and a health conscience are essential for its attainment, let's examine the factors which influence the average adult's health concepts and practices. The attitude and customs of his parents and of the circle he has lived in undoubtedly are important. If he happens to have been born 40 or 50 years ago, the health habits of his childhood may still cling to him in spite of knowledge acquired later, but not acted on.

In this adult's younger days, the family doctor was seldom called until symptoms occurred with which the mother felt she could not cope. A visit to his office or a bedside call was usually one where he examined the patient, prescribed remedies, advised on care and departed. How different the picture of today, when the family physician gives attention to preventive measures and is called on for continuing care. The prospective mother has been under his observation during pregnancy and delivery. The new baby becomes his responsibility, too, even though a pediatrician may guide the family's care of the child.

The school, too, may have played a major part in the adult's health and in awakening him to his own health responsibility. After he entered school, a physical examination was probably made at intervals by the school doctor, and the family was notified of any deviations from normal. When these findings were brought to the attention of the family physician, he advised the action required. If this type of protection existed and each concerned performed his part, it would seem that every child would develop and as an adult would maintain maximum health. But this was not and is not now the case. Health sense and respect for medical opinion were not developed at a sufficiently early age to assure the establishment of health habits and practices.

The best-equipped and most skilled physician can only serve when called on. Those trips to the doctor with the new baby—designed to keep him well—the health examination in school—to discover symptoms needing attention by the family doctor—served during infancy and childhood to prevent unnecessary illness and death, but have they established the practice of having health examinations at regular intervals through life? If it were so, all of us who have gone through school would, in adult life, regularly seek professional medical and dental advice.

A secretary's cough and loss of weight alerted her employer to the possibility of tuberculosis. The girl was persuaded to have a thorough physical examination. After various tests she returned to the office with a beaming face. "He says I'm OK. Only need to eat differently, get more sleep and fresh air and take some medicine for my cold.

"I'm going to have one of those examinations every year. It makes you feel good to *(Continued on page 70)*

by SALLY LUCAS JEAN

Pioneer in health education and child health.

today's health News

by ALTON L. BLAKESLEE

FEVER OF 114 DEGREES

One of the highest temperatures authentically recorded in human beings—114 degrees by rectal measurement—is described in the A. M. A. *Journal* by Drs. Alfred A. Fracchia and Alexander Brunschwig of New York. It occurred in a woman being treated with Coley's toxin for a flare-up of a long quiescent cancerous condition. Within 15 minutes, ice packs and other measures brought her temperature down to 104, and later it became normal. Three different thermometers registered the high temperature, and all ran above their highest calibrated mark of 110 degrees. Laboratory tests later showed that the thermometers were registering 114 degrees.

THOSE CHEST PAINS

Lots of people think first of heart disease when they have chest pains. But actually "only a minority of individuals who seek medical advice for chest pain have heart disease," says a manual of the American Heart Association, issued for physicians, "The symptoms and signs of heart disease may be closely simulated by disorders of other organ systems," it said.

UNCHANGED

The incidence of cancer in Chicago was about the same in 1947 as it had been in 1937, a survey released by the National Cancer Institute shows. Earlier studies had found an increase in Atlanta, Denver, New Orleans, Pittsburgh and San Francisco. Why there is no change in Chicago is not yet clear. Maybe it means geographical difference in cancer, maybe it just reflects better case-finding in Chicago a decade ago. Four more cities, Birmingham, Dallas, Detroit, and Philadelphia, are being surveyed. When all results are in, attempts will be made to learn the reasons for differences, says Dr. John R. Heller, Institute director.

FIRST PREMISE

Many complaints of patients about doctors are based on misunderstandings, solvable by heart to heart talks between the two, the A.M.A. informs physicians through its *Journal*. To avoid this, physicians are being offered this plaque for their offices: "To All My Patients—I invite you to discuss frankly with me any questions regarding my services or my fees. The best medical service is based on a friendly mutual understanding between doctor and patient."

NAIL NUISANCE

From just one wearing of artificial fingernails, a woman's nails turned blue and sore, Drs. Gerald M. Frumess, Henry M. Lewis and Egbert J. Henschel of Denver report in the A.M.A. *Journal*. The trouble resembled that from nail undercoats or base coats that broke out four or five years ago. They say this is apparently the first reported case of woe from artificial claw . . . pardon, fingernails.

ASPIRIN FOR CHILDREN

Aspirin now is being produced in a tasteless powder form that can be dissolved in water, milk or fruit

juices for easy administration to children. There's no bitter taste to it, and also no sugary taste that might lead a child to think it was candy, and hence overdose himself.

MORE ABOUT ULCERS

The nerve-blocking drug called prantal methylsulfate brought relief of peptic ulcer pain within six days in 89 per cent of 46 men and women, Dr. Jerome A. Marks of New York reports in the *New York State Journal of Medicine*.

CHILDBIRTH DRUG

For relief of childbirth pains, an Army doctor used intravenous alcohol and oxytocin, a pituitary extract. The alcohol eased pain and the gland extract induced labor. All but one of 30 women were well pleased with pain-relief during labor, and pains of the thirtieth were not severe, Dr. R. Leonard White of Camp Edwards writes in the *American Journal of*

Obstetrics and Gynecology. The newborn babies did not have breathing difficulties.

BRASS CULPRIT

Contact dermatitis or skin rashes from contact with brass is described in the *New England Journal of Medicine* by Dr. G. E. Morris.

SUBSTITUTE STOMACH

A satisfactory artificial stomach or food pouch can be formed out of part of the jejunum, Dr. Claude J. Hunt of Kansas City, Mo., writes in the A. M. A. *Archives of Surgery*. He tells of seven such cases when stomachs had to be totally removed because of cancer.

OIL OFFENSIVE

Oiling floors and blankets in barracks and hospitals can reduce bacteria in the air as much as 90 per cent during sweeping and bed-making. And troops living in oiled barracks had about half as much respiratory illness as those in untreated barracks, says a report in the *Journal of Infectious Diseases*. The study was sponsored by the Office of the Surgeon General, U. S. Army.

HISTORICAL ITEM

The ancient Romans marked their drugs with really informative medical seals or stamps. The seals de-

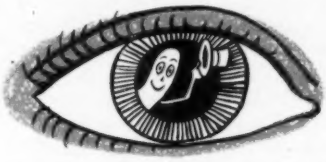
scribed the formulas, listed the ingredients, the diseases the drugs were recommended for, and the names of the drug developers. Researchers of a modern pharmaceutical manufacturer tell the story.

HAY FEVER RELIEVER

Ninety out of 102 patients with hay fever got excellent to good relief within a half hour with an antihistamine, trade named phenergan chloride, says Dr. N. E. Silbert of Lynn, Mass. Four obtained fair relief, and there was questionable or no relief in the other eight, he writes in the *Annals of Allergy*. A single dose was effective for four to 24 hours.

EYE WORM

A most peculiar medical case is described by Dr. Hugh E. Parsons of Tampa, Fla.—a tiny white parasitic worm living in a man's eye. For



three years it's played hide and seek, sometimes visible beneath the retina of the eye, sometimes not. It has caused partial blindness, and no treatment has yet succeeded in destroying it, he reports in the *Archives of Ophthalmology*.

ELECTROSHOCK PARTNER

Dr. Earle O. Brown, Jr., of Ypsilanti, Mich., tells of giving patients trade-named surital sodium before electroshock treatments for mental troubles, with apparently good effects. The drug seems to lessen the duration and severity of convulsive seizures or muscular activity coming with the shock, making it safer for patients with bone fractures or weaknesses. There is less rise in blood pressure. The drug also makes them less apprehensive about taking the shock treatment. Whether the psychiatric results are any better, or not so good, it is too early to determine, he says in a preliminary report in the A. M. A. *Archives of Neurology and Psychiatry*.

CANCER RELAPSES

Cancer scientists tell of one reason why cancers can recur. Anti-cancer poisons may kill most of the cancer cells, but a few mutants or different cancer cells survive and keep reproducing. The cancer grows back, and may be so changed that it even thrives on the former poison. The evidence was uncovered by researchers supported by the American Cancer Society and National Cancer Institute.

DIGESTER

The proteins in your food are digested by trypsin, an enzyme from the pancreas gland. It's a potent digester, but it doesn't digest living tissue, else your intestines would soon disappear. Live tissue contains an anti-trypsin, to protect itself. Now crystalline trypsin is attracting much interest as an aid in destroying necrotic or dead tissue in the body. It has been used to clear up tuberculous empyema, the pockets of pus or other material occurring as a complication of TB, and to prevent gangrene from bad wounds, burns, amputations or frostbite.

PARTIAL REMOVAL

TB operations that remove only a segment or just a small wedge of lung tissue have proved their value, says the National Tuberculosis Association. They are being done now when the disease is localized, when it isn't necessary to take out a whole lung or a lobe of the lung.

HEART TALK

Ailing human hearts can talk over long distance telephone, telling their troubles to a heart specialist for expert diagnosis.

Electrocardiograms, the recordings of a heart's electrical pulses, are changed into FM (frequency modulation) signals and transmitted over the telephone wire. On the receiving end, the signals are changed to sound, or recorded as wavy lines on a radarscope or paper tape for the specialist to listen to or examine.

The system was developed by Walter E. Rahm, Jr., and Drs. John L. Barmore and F. Lowell Dunn of

the University of Nebraska College of Medicine. It succeeded in initial tests in Omaha.

Using it, small hospitals could telephone the heart records to big city centers for quick, accurate diagnosis. Or with portable equipment, a doctor at a patient's home could send the record to a specialist, and even talk with him to discuss the patient's trouble and indicated treatment.

AND TELL-TALE HEART

Maybe electrocardiograms can supply clues for early discovery and treatment of rheumatic fever, the great and tragic killer of children. The possibility is being studied in research directed by Dr. Franklin D. Johnston, University of Michigan Medical School, sponsored by the Michigan Heart Association.

SILENT SOUNDS

Sounds that we can't hear can destroy little cancers under the skin, five Mayo Clinic physicians report. They used the method on mice, directing the sound waves against the skin. Some cancers were completely eliminated. Others were damaged, but not checked in growth.

A ROSE BY OTHER NAME . . .

Some people have an exceptionally strong sense of smell. This may be due to a number of causes, among them brain diseases, infected sinuses and hysteria, says the Queries and Minor Notes section of the A.M.A. *Journal.*

PLASTIC TOOLS

Surgical instruments made of lucite have advantage over metal ones. Dr. Frank T. Padberg, Northwestern University School of Medicine, designed them for neurosurgical operations. Writing in the A. M. A. *Journal,* he says they are lightweight, inexpensive, transparent so that underlying tissues are visible, strong and durable and don't conduct electrocoagulating current.

MORE RESEARCH FUNDS

One state university estimates it would cost $50,000 to raise the dogs needed for its vital medical research. The same number of animals can be bought from a pound for $750. This means a saving of $49,250 a year in state funds that could be devoted to research, the National Society for Medical Research reports in a survey.

HERNIA REPAIR

A screen or mesh of tantalum serves well in repairing hernias when a person lacks enough tissue for a good closure, Dr. Samuel Mufson of Biloxi writes in the *American Journal of Surgery.* The mesh supplies a framework for growth of fibrous tissue. (Also see "All About Hernia," *Today's Health* for May, 1952.)

FOR EPILEPSY

Two new anti-epilepsy drugs look promising. One with the trade name hibicon, brought excellent to good results in controlling convulsions in 39 patients over a two year period, says Dr. C. D. Hawkes, University of Tennessee College of Medicine. It was less successful in 20 other cases, he writes in the A. M. A. *Archives of Neurology and Psychiatry.* The second drug, called mysoline, stopped grand mal convulsions in 30 per cent of 40 patients, and reduced attacks in another 50 per cent, Dr. R. Handley and A. S. R. Stewart report in the London *Lancet.*

ANEMIC WOMEN

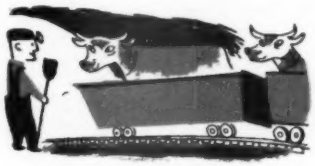
Some 6,000,000 American women from 18 to 59 may be anemic, judging from a study of women turned down as donors to the American Red Cross Blood Program. Of women disqualified as donors, 12.6 per cent had low hemoglobin levels. The estimate of the national total of anemic women is made in the A. M. A. *Journal* by George W. Hervey, Dr. Ross T. McIntire and Virginia Watson of the National Red Cross.

PLASTIC CASTS

A plastic powder to make casts or splints for bone fractures and dislocations or curvature of the spine has been used for more than a year at Walter Reed Army Hospital, Washington. Casts from the powder are strong, light, thin, and porous enough to permit evaporation of skin moisture.

BEEF MINE

Steak or other beef gives you nearly 20 different minerals. If you can get the beef, you get potassium, phosphorus, sodium, magnesium and



small amounts of tin, zinc, silver, lead, silicon, iron, aluminum, cobalt, copper, calcium, nickel, boron, manganese and molybdenum. They were all detected with a spectrograph by A. J. Mittledorf and D. C. Landon of the Armour Research Foundation, Chicago.

ARTHRITIS TREATMENT

Transfusions of blood from new mothers benefits people with rheumatoid arthritis. Dr. W. Aronson and associates reasoned that the substance active against arthritis might also be present in placental blood. Using serum from placental blood, they found definite but slow improvement in 30 out of 35 arthritis patients. The serum is easy to obtain, cheap and plentiful, they write in the *American Journal of Medical Sciences.*

TOOTHPASTE ALLERGY

A woman had repeated attacks of itching, swelling and blistering on the palms and fingers of her left hand. The cause was finally traced

to a toothpaste, which she used once a week to clean her false teeth. She held the teeth in her left hand as she brushed them. Dr. Kurt Loewenthal of Freeport, N. Y., tells of this detective work in the *New York State Journal of Medicine.*

VITAMIN THERAPY

The B vitamin, riboflavin, taken both by mouth and by injection, seems to help some people with psoriasis, a stubborn skin disease, Dr. Merlin Maynard says in a preliminary report in the *Journal of Investigative Dermatology.* Initially, this treatment healed lesions in a quarter of patients, and improved most of the rest. Some still reported healed lesions or sustained improvement two years later.

TIT FOR TAT

For fewer post-operative complications, one study recommends that surgeons measure the amount of blood lost during surgery, so it can all be replaced. Blood loss can be assessed fairly accurately by weighing sponges used in operations. Loss is often larger than the surgeon guesses, Dr. Harry C. Saltzstein and Laurence M. Linkner of Detroit write in the A. M. A. *Journal.*

SCABIES WARRIOR

A quick, safe knockout of scabies and pediculosis is credited to gamergent ointment, a combination of three different pesticides. Scabies is caused by itch mites, and pediculosis by lice. Within 24 hours, the ointment cleared 40 of 41 patients of scabies, Drs. Theodore Cornbleet, H. C. Schorr and Ben Firestein of Chicago and South Bend, Ind., write in the A. M. A. *Archives of Dermatology and Syphilology.*

CHEER FOR HEART PATIENTS

Heart patients usually can keep on at suitable work without bad effects, three New York physicians conclude from a study of 580 patients. More than 80 per cent engaged in useful work after discovery of their heart troubles, with no evidence that continued employment adversely affected their illness. Age and the initial heart capacity appear to be the important things in determining whether a person continues working, said Drs. Leonard J. Goldwater, Lewis H. Bronstein and Beatrice Kresky. Their experience at the Adult Cardiac Clinic, Bellevue Hospital, is described in the A. M. A. *Archives of Industrial Hygiene and Occupational Medicine.*

FAINTING

Simple fainting refers to cases of sudden unconsciousness that do not reflect serious underlying disease or injury. Because of a disturbing situation, a neurocirculatory reflex causes diminished blood flow to the brain centers affecting consciousness. Simple fainting does not occur when a person is lying down. Some people faint more readily than others. For example, the robust father may faint when seeing his son prepared for tonsillectomy, while the delicate mother weathers the situation triumphantly. Emotional shock of any sort may lead to fainting; often the reaction occurs during the reflection period immediately after a danger has passed. It occurs occasionally when people are permitted to stand while awaiting such simple processes as hypodermic injections, minor suturing or scratch testing in allergy. Fatigue and headache predispose to fainting.

What to Do

1. The best preventive is to lie down. If one cannot lie down, he should sit down, lowering his head between his knees. Smelling salts have transient preventive value.

2. Once fainting with the resultant fall has occurred, consciousness returns quickly, because there is sufficient blood flow to the brain in the recumbent person. The application of smelling salts or cold water has a slight stimulating effect.

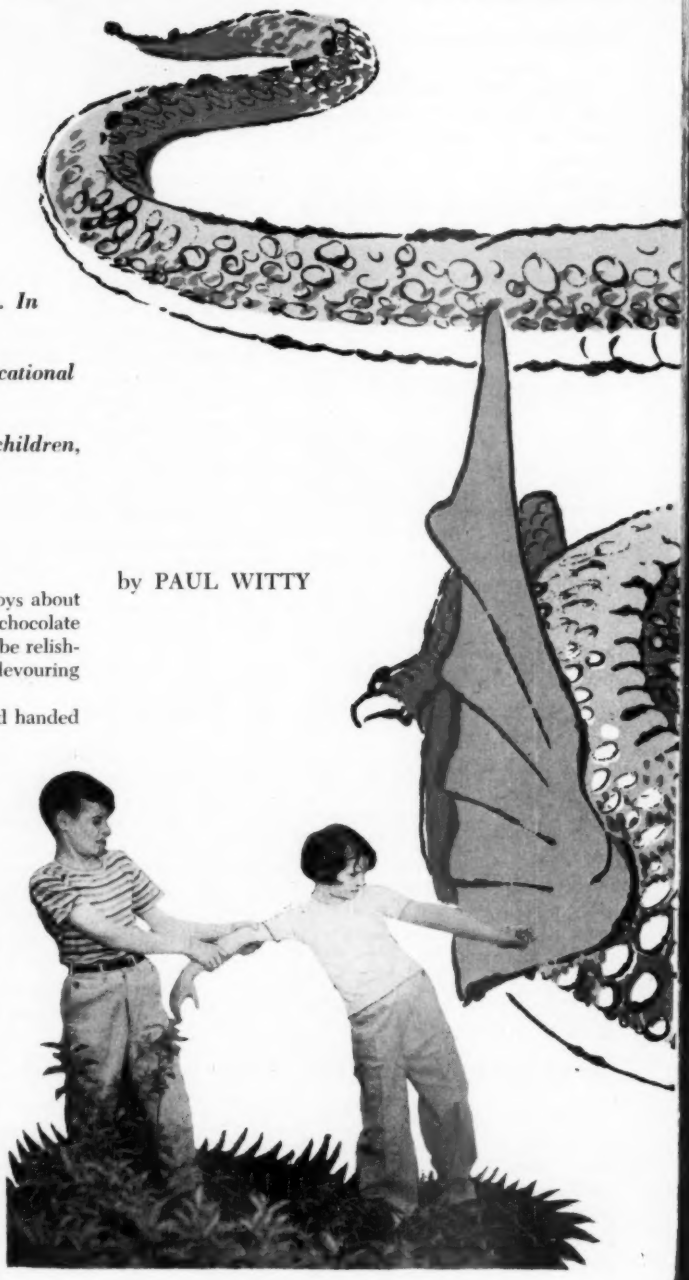
3. The victim should not arise immediately on recovering consciousness, for fainting may recur and the associated fall cause injury.

4. If consciousness does not return immediately, secure medical attention for the victim, because the case is not simple fainting.

FOLD ON DOTTED LINE AND MAKE A FIRST AID FILE IN YOUR RECIPE BOX

COMICS and TELE

Opportunity or Threat?



A publisher's view of comic books was presented last month by Leverett Gleason. In coming issues, Dr. Witty, professor of education and director of the Psycho-Educational Clinic at Northwestern University, will contribute two important articles—gifted children, and reading and the way it's taught today.

by PAUL WITTY

THE scene was a corner drugstore. Two boys about nine or ten years of age were consuming chocolate sodas with great satisfaction. They seemed to be relishing equally the comic magazines they were devouring at the same time.

Solemnly, on finishing his magazine, one lad handed it to the other who, a few minutes later, passed his magazine to his companion. The boys did not notice the other customers at the soda fountain. Nor were they distracted by the familiar stir and bustle of the store. Their attention and their interest were focused on their favorite reading.

Reading the comics has persisted for many years as a favored leisure pursuit for almost all boys and girls. Unaffected by the competing attraction of the movies or the fascination of TV, comic magazines are cascading from the presses in larger number than ever—perhaps 900,000,000 per year.

Availability is perhaps the greatest factor in their popularity. They are cheap, within the means of children's allowances. "Sure," said one schoolboy, " 'Little Toot' and 'Madeline' are swell books, but you get a second-hand 'Superman' at Herman's for two cents."

But there are other reasons for the popularity of the comics. They satisfy children's natural desire for *(Continued on page 49)*

VISION

Why Hibernate?

Fall is the most wonderful time of year to be outdoors, and here's how to keep it fun.

I WENT next door to borrow some trivial thing. The two children were sitting uncomfortably on the back steps, and from their attitude I could almost hear the orders: "Don't you get dirty!" Inside the kitchen Annalee pushed a damp curl out of the sweat on her brow and from the garage came the muttered curses of Clarence. I knew the signs. The Millers were going to relax on a picnic.

You've seen the same thing at the beginning and the end of holidays. You've seen exhausted mothers with limp children draped over their perspiring forms returning from a "picnic." And, if you watch them at the beach or the picnic grounds, you see the hospital cases coming up from sunburn and the mental cases brewing from strain.

Miraculously, with the end of summer, this horrible activity ceases and the life expectancy curve takes an upward bend. The week-end tennis hero stops inviting heart failure; the picnickers cease "relaxing." In the comparative security of their homes, the citizenry prepare to hibernate for the fall and winter.

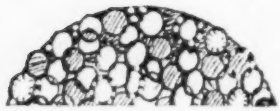
Why?

Fall is the most wonderful time of the year to be outdoors. The chiggers and bugs are gone. So is the pale skin that took a blistering from the summer sun. You're now prepared to enjoy the fruits of the tanning process. The air is just comfortably warm during the day and if you stay overnight there is a delicious feeling of comfort as you snuggle under blankets.

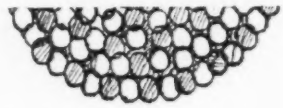
Fall, spring and summer there is absolutely no reason to be uncomfortable out-of-doors. You take your comfort with you. And I don't mean you should go through the enervating kitchen preparation of the conventional potato salad, deviled eggs and other starchy, if pretty, sandwiches Annalee was cooking *(Continued on page 56)*

by AUSTIN H. PHELPS

IS THE ATOMIC AGE UNFIT FOR BABIES?



Science has answers for a question that, if it does not trouble you, certainly troubles someone you know.



by LAWRENCE McCB

"OF course I'd like to have a baby! As you say, it could be what I need to give meaning and consequence to my life. But bring an innocent baby into this world—I'll never do it! It would be unfair, wicked."

The doctor studied the tense young woman, noted sincerity in her troubled eyes.

"You couldn't be more wrong," he answered gently. "No children in any age ever faced a future so bright with promise, so free from fear of death or mutilation as those born today. In every field—education, recreation, freedom from economic worry, vigorous health, opportunity for travel—the child born today is the most fortunate in all history. We, of our generation, can only regard the baby of today with envy, not pity."

The young woman stared in amazed disbelief.

"But, Doctor, the atomic bomb. How can you say that when you know war can break out any minute? If I have a child how can I know it will be alive in five years, or even five months?"

The doctor reached into his desk and pulled out clippings from the New York *Times* and the New York *Post*. He took a book from a shelf behind him.

"Living has always been dangerous. In this book you will see that inscriptions on Roman burial plaques indicate the average Roman lived but 20 to 30 years. Until recent times, plagues spread horrible death century after century, wiping out whole cities and killing far greater numbers than any bombs are likely to kill. With that reminder of the early death our ancestors accepted as a matter of course, look over these clippings."

The visitor glanced at the *Times* headlines—"Death Rate in U.S. Lowest in History—Life Expectancy at High of 68—Large Inroads Made on Two Great Threats, Heart Disorders and Cancer."

Next, in an interview with Earl Wilson, *Post* co[lum]nist, Surgeon General Leonard A. Scheele of the Public Health Service stated a conviction that science will lick cancer in ten years, maybe five. He intimated polio researchers seem to have struck pay dirt in the search for a vaccine, and spoke enthusiastically of the new tuberculosis drug.

As the young wife looked up from her reading, the doctor asked softly, "Don't you see now that we have less to fear for children than ever before in history? Scientists insist that children born today are quite likely not only to live 85 to 100 years, but to remain active and vigorous right up to the end. They have the prospect of not only a long life but a happy, active life.

"The threat we live in is not new. Man has always lived under the shadow of catastrophe—catastrophe far more immediate, I think, than appears today. A generation ago, the newborn baby faced a host of frightening dangers to its life—smallpox, diphtheria, scarlet fever, whooping cough, pneumonia and many others just as deadly.

"These menaces were realities, not just a possibility such as atomic warfare, a possibility our statesmen assure us is growing less likely," the physician added, leaning back in his chair. "And if we *are* able to weather these difficult years, the social sciences may offer considerable promise. Psychiatrists, social psychologists and sociologists are constantly learning more and more about

the tensions and frustrations that drive us to war. These are relatively new sciences and no man can predict their ultimate effect."

In health, certainly, there is solid evidence to back up what the doctor said. The most casual comparison between the health of children born today and that of previous generations makes it evident that this is a far safer world than babies have ever known before. Some 30 years ago, hundreds of thousands of children died every year—children who face no such threat today. Many who lived bore marks of their illnesses which haunted them through life. Hundreds were blinded, thousands left with impaired hearing, scores so badly disfigured by smallpox that life was unending misery. And other thousands were deformed by rickets.

Growing knowledge of nutrition with development of food resources, our enormous research facilities which have given us penicillin, cortisone, ACTH and our growing knowledge of their uses, our army of superb scientists digging into secrets of health and longevity—in universities and giant pharmaceutical companies as well—already assure babies born today a life which would have seemed incredible to expect a generation ago.

Only a few years ago, childhood was rated "most dangerous occupation" because of the high death toll from infectious diseases. Seventy thousand died annually from diphtheria alone. Today that figure has been cut 97 per cent. Deaths from enteritis and diarrhea have been cut 95 per cent. In 1915, whooping cough *killed* 15,000. During the first 10 months of 1950 only one such death was reported from 1547 cases in New York City. Antibiotics have proved effective against the whooping cough virus.

Although pneumonia and influenza still cause more deaths in children one to 14 than any other diseases, only one child dies today where *(Continued on page 66)*

In the absence of other eye disorders, simple clouding of the eye's lens need not keep you from the benefits and joys of seeing.

SINCE the beginning of history man has attempted to solve the riddle of his most precious gift—eyesight. The code of civil laws introduced by the Babylonian king, Hammurabi some 4000 years ago contained references to payment and penalties for surgeons, according to the success of the treatment they prescribed. The eye specialist's duties were so clearly defined that one can assume that the treatment of eye diseases was centuries old, even then.

Today most people know something of the complicated mechanism of the eye. Let us review a few simple facts.

The human eyeball is round and about an inch in diameter. From the front projects a clear, curved portion called the cornea. Under its center is the colored part of the eye, the iris, with a hole in it called the pupil. A fluid (aqueous humor), which is practically a weak solution of salt, fills the space between the cornea and iris. The crystalline lens, behind the pupil, is curved front and back like a magnifying glass. Behind the lens is a large space filled with a jellylike substance (vitreous humor) whose chemical composition is practically identical with the aqueous humor behind the cornea. A delicate layer of nerves covers the inside of the eyeball. This is the receiving station for eyesight and is called the retina. The cornea, pupil, lens and eye fluids are all transparent so that light can pass to the retina. Images are then transmitted to the brain by the optic nerve.

A camera employs the same principles found in the eye. The camera shutter can be regulated to admit or keep out light. The iris works automatically to make the pupil smaller in bright light or larger in dark surroundings. A photographer moves his lens back and forth to focus the inverted image properly on the film. Your lens is able to change its shape and focusing power so that a clear image falls on the retina, the "film" of the eye. The retina can record a picture instantly in black and white or any color.

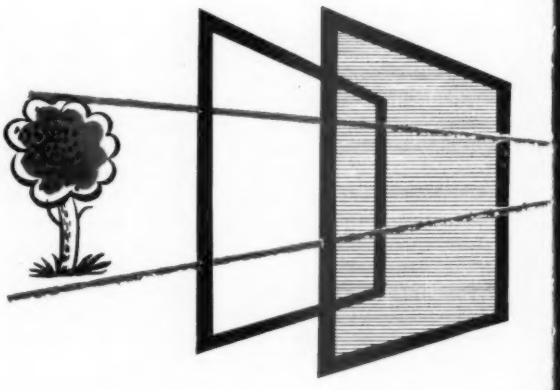
Three thousand years ago Hindu, Egyptian and Hebrew doctors had strange ideas about eyesight. Nothing was known about the retina and they believed the lens was the true seat of vision. They observed that eyesight became blurred when the pupil changed from black to white. This change was thought to be due to a cloudy fluid that fell down in front of the lens. The popular expression, "The Greeks had a word for it," does not impress the eye doctor because some of their words don't mean what they say. Cataract, the word the Greeks gave this condition, is derived from their word meaning waterfall.

Between the ages of 45 and 50 the eye lens gradually hardens and its focusing ability diminishes. A person who previously enjoyed perfect sight for reading, can see small print only by holding it some distance from the eyes. Eventually it becomes necessary to use glasses to magnify fine print. Nourishment of the human lens is interfered with as it hardens and its elasticity or focusing power is lost. If dense spots cloud the lens, we call it cataract. Because it occurs chiefly in later life it is sometimes called "senile cataract." This change can take place without any evidence of aging elsewhere in the body. In such a case we are dealing with a primary or uncomplicated cataract.

Infants may have a partial cataract which does not spread. Most of the lens retains its transparency, permitting useful vision.

People often ask how to tell if a cataract is forming.

CATA



The earliest sign is dimming of eyesight. Lights may appear double or reduplicated many times. The patient may feel as if he is looking at things through a windowpane covered with vapor. Excessive dazzling in sunlight is another complaint. Later on, as the cataract extends and blocks off the pupil, sight becomes more and more reduced, but the ability to distinguish between light and darkness is preserved. In fact, the perception of light—quantitative vision—sometimes enables the surgeon to predict restoration of eyesight even though the patient may feel he is hopelessly blind.

It would seem that the underlying causes are the combined effect of some disorder of metabolism and prolonged, excessive light and heat, which changes the chemical composition of the lens. This sort of combined action would explain glass blowers' cataract that often appears after about 20 years of occupational exposure to light and intense heat. Other known causes are hardening of the arteries, diabetes, autointoxication, vitamin deficiency diseases and certain chemical poisons. Penetrating injuries that break the lens covering or capsule or severe blows on the eye can also produce cataract.

There are many false impressions about cataract. These facts should clear up some of them. A cataract is not a growth, a tumor or a cancer. It is not glaucoma, another eye disorder in which pressure builds up within the eyeball. Barring accidental injury, our eyes, despite their sensitive and complex structure, serve us remarkably well throughout life. Age is one of the commonest causes of cataract. The fact that your grandparents had poor vision is no indication that your eyes need have a similar condition. It is also well to remember that cataract is not the only reason for poor eyesight.

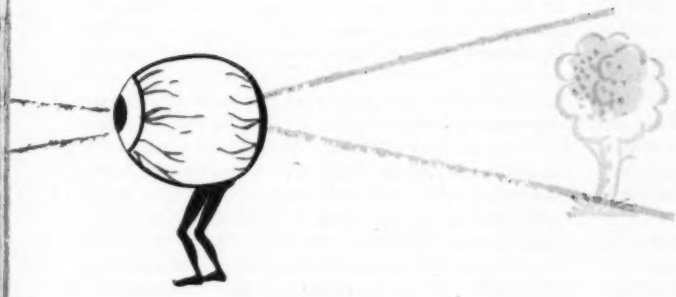
If your vision becomes veiled you should have an examination by an eye doctor. Ignore alarming suggestions from well meaning but misinformed friends. You may merely require new eyeglasses. On the other hand, your eye physician, also known as an oculist or ophthalmologist, may find spots in your lens, an indication of beginning cataract. At this stage, general medical treatment and local eye treatment may arrest the condition. If these measures do not help and vision is markedly impaired, surgery must be considered. Operation is never advised, however, until the patient is no longer able to work or read satisfactorily.

The general impression that cataract is associated with blindness is without foundation. Clouding of the lens in patients past 50 often occurs in an eye that is otherwise perfect. The surgeon then merely removes the cloudy lens. This operation is usually performed under local anesthesia and requires only a short stay in the hospital. Excellent visual recovery can be achieved provided the patient is not debilitated by serious systemic disease. Later, eyeglasses are prescribed to act as a substitute lens. Even when other eye disorders are present, it is possible to restore useful eyesight, although chances for complete success are lessened.

Surgeons used to wait to operate until a cataract had become "ripe." That is, they waited sometimes for years until the lens became so densely clouded that the black pupil looked gray-white. Today the prevailing opinion is that the operation should be *(Continued on page 67)*

RACT

by JAMES W. SMITH, M.D.



An early sign of cataract is dimmed vision—as though the person were looking through a clouded windowpane.

Mouth deformities are seldom outgrown; correction now can stop serious trouble later.

by JEAN KRUEGER

Marion Vannett Ridgway

NOT long ago a freckle-faced youngster hurried into the office of a well-known Midwestern orthodontist.

"Guess what, Doctor!" The ten year old's eyes shone. "Today I ate an apple just like all the kids at school!"

Not even the boy's parents had known how much "crooked teeth" had affected their son's personality. Now, at the end of one year of orthodontic treatment, Billy felt that he was "just like all the kids." Before treatment his mouth and teeth were so badly malformed that his food had to be cut into small pieces. His was a severe case and more treatment was necessary before his appliances could be removed. Nevertheless, Billie was well on the way to becoming another example of the miracles orthodontists are performing on the mouths of American children.

Probably eight million of the 40 million children in this country need orthodontic treatment. Yet many parents have delayed or avoided treatment because of misconceptions concerning the cost, the time required and the pain they believe their child must endure. More than 2000 practicing orthodontists are striving to correct these misconceptions and are helping parents understand that most dental deformities can be corrected, greatly improved or prevented entirely.

Orthodontists are experts in the correction of abnormal tooth arrangement—malocclusion. Occlusion means the proper fitting together of teeth when the jaws are closed. Malocclusion is a cause of facial deformities which an orthodontist attempts to correct.

Unfortunately, many parents believe it is better to let "nature have its way," thinking their child may outgrow his deformities. Such cases are rare. It is extremely unwise to take a chance considering that dental deformities in later years may be a distinct handicap—and will then be difficult or impossible to correct.

Just as it is so often true in medicine, so it is true in orthodontics—prevention is much easier than correction. For that reason, a child's first visit to the dentist should come when prevention is simplest. When a child is about two and a half and his first teeth are in, he should be examined by the family dentist. A dentist will be able to detect early signs of deformities and recommend an orthodontist who can devise ways to prevent or correct them.

Occasionally parents do not recognize the need for having first teeth treated. It's not uncommon for a dentist to hear, "Why should I go to the expense? He's only going to lose them in a few years." The answer is that the primary teeth have a profound effect on the permanent teeth.

Losing baby teeth too early or retaining them too long can have equally serious effects. When a tooth is lost prematurely neighboring teeth have a tendency to edge into the empty space. The second tooth, therefore, when it is ready to erupt, doesn't have room. Often this can be prevented by inserting a space maintainer—a small appliance which fills the gap and holds the teeth on either side in place. Such appliances are inexpensive and easy to adjust to a child's mouth.

If, on the other hand, primary teeth are retained too long, permanent teeth may erupt in front of or behind them, causing irregular alignment. This can be prevented by extraction at the right time. X-ray pictures

will show the condition of the roots of the baby teeth and the presence and extent of growth of permanent teeth. If the permanent teeth are formed enough to erupt, the lingering primary teeth should be removed.

"Will thumb-sucking affect the postion of the teeth?" For years anxious parents have asked this of their dentists. Although there has been much discussion on the subject, most dentists agree that if the habit is discontinued before the permanent teeth erupt, no harmful results will occur.

But, you say, Johnny's permanent teeth are in and you have begun to suspect that he needs orthodontic treatment. To detect an abnormal "bite," which often accompanies irregular teeth, the dentist will look for such symptoms as front teeth that overlap or do not meet when the back teeth are closed, and crowded, widely spaced or protruding teeth. Such irregularities are sometimes a passing phase of growth and in time will correct themselves. However, your dentist may recommend treatment.

Now let's take you and Johnny through the steps of

STRAIGHTENING TEETH

treatment that he would follow if he were to start wearing "braces." It is desirable for both parents to be present at the first consultation when initial plans are being made. At that time your orthodontist will discuss the probable time required and the cost.

There is no such thing as the "best age" to begin treatment since correction varies with each case. However, Dr. B. E. Lischer, Dean Emeritus of Washington University School of Dentistry says, "Fully 90 per cent of all children who need corrective treatment should begin it not later than the ninth year." At this age the rate of growth of the jaws is at a maximum and can be influenced most easily. Correction can, however, be effective in the teens and often even into adulthood.

Length of treatment depends on what needs to be done. If the problem is only aligning teeth, treatment over a year or less may suffice. But if the jaws are malformed, correction may require three years or more. Orthodontists sometimes divide treatment into several stages, each stage aimed at bringing the growth of the jaws and teeth up to the child's age. The program can end only after all teeth including the molars are in position.

This does not mean, however, that a child need wear appliances all of that time or that he must continue the frequent appointments necessary during earlier stages of treatment. The time after appliances are removed until the teeth are permanently set is the retention period. During this period appointments are necessary only at two or three month intervals.

The cost is not prohibitive. At your first consultation the orthodontist you have chosen will explain his fees, which are usually on a yearly basis. For convenience this is often divided into a down payment and equal monthly installments. The fee remains the same regardless of the number of appointments necessary each month. If treatment must continue after the first year, the yearly fee is generally reduced. In some cases, when special appliances are made, there is a charge if they are damaged. You will find that the expense of two years of orthodontic treatment is usually less than one year's depreciation on a moderately priced automobile.

At Johnny's first appointment the orthodontist will make a thorough examination and attempt to get as complete a background and dental history as possible. X-ray pictures will be taken along with facial measurements. He will make a plaster cast of the teeth, gums and jaws. The impression for this cast is usually taken in wax, and the process is neither long nor unpleasant. There is absolutely no pain to any part of this preliminary examination and it does not bind you to begin treatment.

But suppose you have decided to go ahead and Johnny is wondering just what will happen to him next. To answer his questions honestly you will want to know something about orthodontics. Teeth are not just forced or pried into position by the exertion of mechanical pressure. Because living bone is not hard and unyielding as you might think, the entire bone structure of the jaws can be molded by gentle pressure.

Johnny's teeth will be moved or tipped into position with the aid of appliances such as bands, fine wires and tiny springs. They are first fitted to plaster casts and then transferred to his mouth so there is no pain and little discomfort. Since the appliances need to be adjusted to increase tension, appointments will have to be frequent during the first months. After each adjustment there is a little discomfort but it rarely lasts more than a day and may be alleviated by chewing gum. I wore appliances for several years and I never experienced pain as a result of treatment.

Nor will Johnny feel nervous strain if you are careful not to arouse fear or anxiety about his new experience. You need not accompany him to his numerous appointments. In fact, orthodontists agree that children are more cooperative when they *(Continued on page 54)*

THERE'S HOPE...

in Some "Hopeless" Cancers

by PAUL DE KRUIF, Ph. D.

IN March, 1951, Dr. Charles Huggins of the University of Chicago operated on a man dying from prostate cancer. He took out both the adrenal glands that lie astride the kidneys and supply vital hormones. The operation should have killed him—life wasn't supposed to last a day without adrenals. But, treated with synthetic hormones, this man got well, gained 36 pounds and is now working eight hours a day.

That operation climaxed years of research in scores of laboratories, which had shown that cancers of the prostate and breast, even when far advanced, can be influenced by control of the hormones that control the growth of the breast and the prostate.

Years ago Dr. Huggins put that fact to work. He removed the sex glands of men suffering from prostate cancer and found that many of them lost pain, regained vigor, lived usefully for five and even ten years without return of cancer. But others, though improved, were finally overwhelmed by the tumor's return.

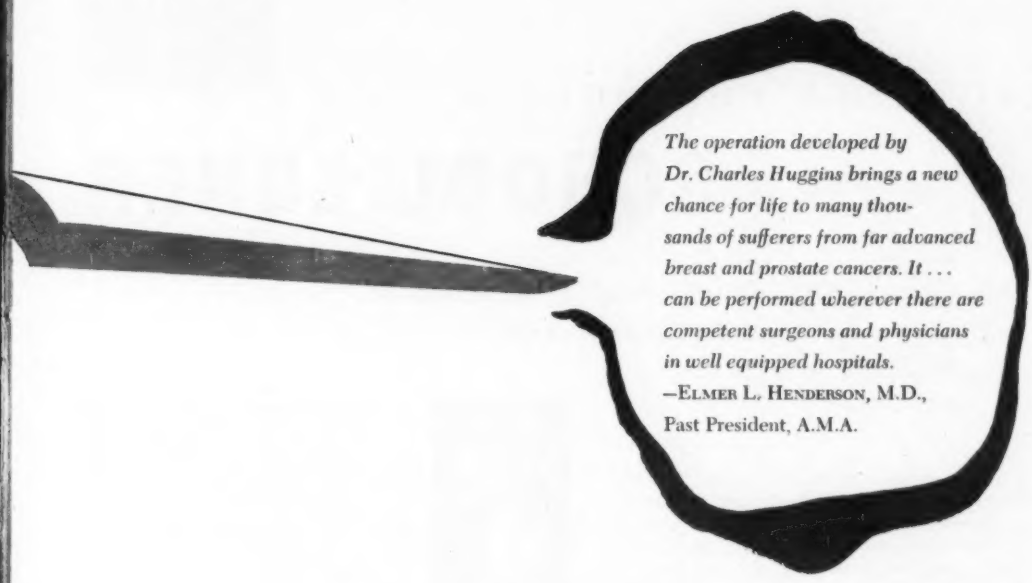
How could these be saved? Male hormone is made by the adrenals as well as by sex glands. But who'd dare take out adrenals—essential to life? Harvard's Dr. George Thorn suggested that the adrenal-like synthetic hormones, DOCA (desoxycorticosterone acetate) might keep adrenal-less people alive.

It was a last thing to try. In 1945 Dr. Huggins took both adrenal glands from a man sure anyway to die from prostate cancer. The cancer faded but in four months the man died. Of no adrenals. DOCA was not enough.

Then came cortisone. And in September, 1951, from the Ben May Laboratory for Cancer Research and the departments of Medicine and Surgery, University of Chicago, Drs. Huggins and Delbert M. Bergenstal gave the *Journal of the American Medical Association* a historic report: they had two patients living and healthy, though adrenal-less. They'd injected DOCA and cortisone to guard them during the operation. Afterward the two men just had to eat extra salt and take two little pills of cortisone each day.

Result: Their terrible pain vanished, strength surged, cancer faded from their bones. They're healthy and working.

As the work continues, backed by funds from the



The operation developed by Dr. Charles Huggins brings a new chance for life to many thousands of sufferers from far advanced breast and prostate cancers. It . . . can be performed wherever there are competent surgeons and physicians in well equipped hospitals.
—ELMER L. HENDERSON, M.D.,
Past President, A.M.A.

American Cancer Society, the Chicago searchers have found that total adrenalectomy does not always stop the tumor's progress; sometimes there is improvement followed by relapse. Yet in half the cases, results seem solid. And all these cases would surely have been fatal.

Since breast tissue is also influenced by hormone, the Chicago doctors attacked the arch-killer of women, breast cancer returning after removal of the breast, spreading despite all treatment. They cut out the ovaries, which make female hormone. Then they performed total adrenalectomy, and prescribed daily cortisone. Following this last-ditch effort, pain vanished swiftly in the great majority, they ate heartily, had a strange new feeling that they were going to live.

This weird surge begins even before x-ray films reveal that the cancer is fading. In eight out of ten of the utterly hopeless, total adrenalectomy has brought this return toward life. When the cancer begins to wither, in none, so far, has it returned. While it's too soon to say they're cured, tests show their cancers are now inactive.

Against cancers other than those of the prostate and breast, the operation does not work. And surgical removal of early cancer of the breast remains mandatory. Adrenalectomy is only a new last chance for the 15,000 women in the United States yearly doomed to die after breast removal and all else has failed.

Adrenalectomy is done with little danger. The Chicago series has now passed 60; in early attempts, three already dying people died; 56 have now been done in succession without a death. The operation is now being performed at the Mayo Clinic, at Massachusetts General Hospital in Boston and other centers, with life-prolonging results similar to those that Dr. Huggins has had at Chicago. He says that, for competent surgeons in good hospitals, it's no more difficult than removal of the gallbladder.

Beyond its immediate saving of life, Dr. Huggins' operation has new significance. It shows that, in these advanced cancers it is not the breast and prostate but the adrenals that are sick—in the sense that, though they seem normal, they are responsible for the maintenance of the disease. There is now high hope of finding a pill to correct such sick adrenals. Then these cancers will be controlled without adrenalectomy.

Your Town can have a SCHOOL LUNCH

Local groups, with help from the U. S. Department of Agriculture, have brought hot lunches to 93,000 schools in a decade.

ALL nonprofit schools in the United States, including nursery schools and child-care centers, are eligible to set up a community school lunch program sponsored jointly by the community and the Food Distribution Administration of the U. S. Department of Agriculture. To receive F.D.A. support, the school must have a formal sponsor and serve lunches without charge to needy children, making no differentiation in service between those who can pay and those who cannot.

Community school lunch programs have been established in 93,000 schools since the F.D.A. was created by executive order on Dec. 5, 1942. The F.D.A. furnishes various foods free to communities that accept the responsibility of initiating and operating a lunch program. Home demonstration agents, home economics teachers and home supervisors of the Farm Security Administration furnish technical advice and help. Parent-teacher associations, civic organizations, chambers of commerce, veterans' organizations and auxiliaries and state and local welfare agencies act as sponsors.

In addition to the F.D.A. foods, local sponsors complete lunches with products bought with their own funds. At regular intervals, the F.D.A. issues a school lunch list headed by products that are high in nutritive value and sectionally abundant. Community sponsors purchase these foods from local producers, associations of producers, wholesalers and retailers. Then they are repaid a certain percentage of the cost, depending on the number of people who eat the lunches, the cost of food in their locality and the sponsor's ability to pay.

In both initiation and operation, school lunch programs differ from community to community. Under one program in a large city, hundreds of workers plan and prepare food in a big central kitchen. Trucks deliver the food in heat-holding containers to the lunchrooms of the different schools. In a one room country school, the pupils bring potatoes, cabbage and other foodstuffs, and the older children with the assistance of the teacher make soup, stew or a boiled dinner. Citrus fruits, apples and other foods that can be eaten raw complete the meal. The children set the table and later help clean up and wash the dishes.

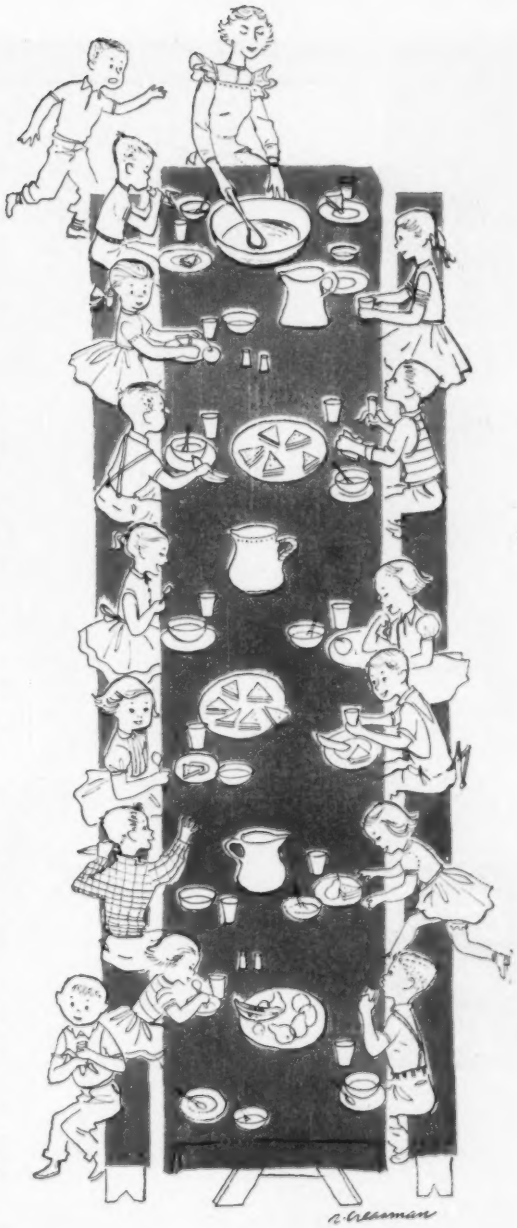
In a city of 10,000, a group of mothers, finding the principal and staff of their neighborhood school in favor of a school lunch program, presented a plan to the superintendent of schools and the board of education and got a go-ahead signal. Then they surveyed the existing facilities all over the city. From this, they determined the additional facilities they would need and the cash required to purchase them. Public funds paid for some of the extra equipment; civic and fraternal organizations took care of the rest. The F.D.A. provided some of the food, but much of it came from local sources. A permanent staff, assisted by volunteers, did the work.

A teacher in a small village (2000 population) was so moved by the sight of lunchless children hungrily watching others eat makeshift lunches that she and the other teachers presented a plan for a community school lunch program to the parent-teacher association. With the approval of the P.T.A., these teachers appointed a committee to visit a near-by community that was successfully operating a school lunch program. The committee's report was so encouraging that the teachers applied for assistance to the local school board. After conferences with representatives of the state welfare department, the F.D.A. and other interested groups, the school board formally sponsored the program. An unused part of the school basement became the lunchroom. The county home-demonstration agent helps plan the meals, which are prepared by two full-time employees and community volunteers.

One country community wanted a school lunch pro-

PROGRAM

by BROWNE SAMPSELL



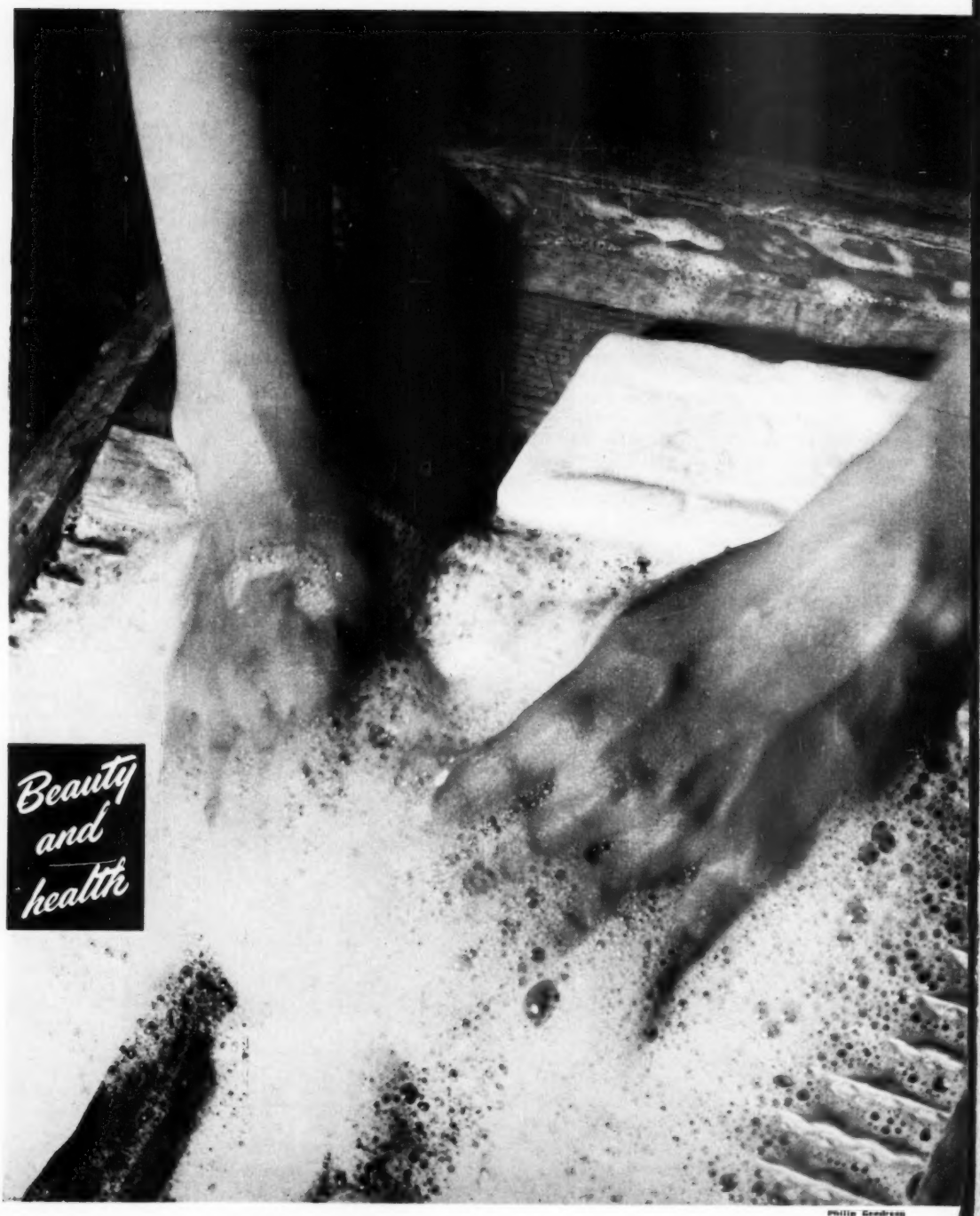
gram, but had no facilities—not even space in its one room school to cook or serve food. From salvaged lumber, the men in the village made tables and chairs and built a lean-to for a lunchroom. The women sponsored pot and pan showers to get essential cooking utensils. A merchant in a neighboring community contributed a stove. The children brought their own dishes, knives, forks and spoons. Parents provide the food and the mothers take turns cooking it at the schoolhouse.

In my home town (population 900) children from all sections of the county come by bus to our elementary school. Our school lunch program is the offspring of a community school cannery set up to can surplus food during World War II. Grateful users of the cannery voluntarily donated canned fruits and vegetables to be distributed among needy families of the school. From this grew the idea of a school cafeteria. Parents and teachers staged all kinds of benefit doings to raise money for equipment. The pupils helped, too. To one auction sale a first-grader came hugging his pet rabbit, tears and pride fighting for mastery in his big brown eyes. The rabbit was knocked down to him since he was the highest bidder. He went home broke but happy that he had helped swell the school cafeteria fund and could keep his pet, too.

Now 500 pupils and 15 teachers at our school eat a noonday meal consisting of meat or its equivalent, two cooked vegetables, butter, bread, half a pint of milk, an apple, orange juice and dessert of jello, chocolate pudding, cup cake, pie or gingerbread with a hot sauce. For these meals, the teachers pay 25 cents; the children 20 cents. Children unable to pay get free meal tickets, so they will not be embarrassed by comments from the paying group. Older children assist the two full-time paid workers. They prepare vegetables and the like, arrange food on trays, wash the dishes and sweep the room.

Most of the food is bought locally, but the F.D.A. provides commodities like dried beans, canned and dried peaches, cranberry sauce, apple sauce, orange juice concentrate, prunes and raisins.

With the cooperation of the *(Continued on page 62)*



Philip Gendreau

HAND CARE

by VERONICA LUCEY CONLEY

We have a number of effective preparations for cleansing, protecting and just plain beautifying the hands.

TODAY, pretty hands are within the reach of everyone. This was not true years ago for the women who washed and cleaned for her family without the aid of modern household appliances and improved cleansing agents and protective cosmetics. In those days, rough reddened hands were the mark of all but the fortunate few who could afford domestic help. Now, we have the ability and the cosmetics to ensure that useful and productive hands can also be pretty and soft.

Modern hand care has three aspects—cleansing, protecting and beautifying. Each one depends to a degree on the other. For example, proper cleansing helps protect the hands against chapping which helps maintain their attractiveness. But each phase has its own peculiar problems and corrective measures.

The average woman necessarily exposes her hands to detergents and water too frequently. Even at a minimum, good personal hygiene requires that we wash our hands a number of times each day. Any efficient cleanser, whether soap or another type, will remove skin oils along with the dirt. The average skin does not suffer from this, but excessive exposure to harsh detergents and improper cleansing methods may precipitate unfavorable reactions in unusually sensitive skin.

The agent used most frequently for personal cleansing is soap. This is the oldest, cheapest and most popular agent for this purpose. A soap factory more than 1700 years old was discovered in the excavations of Pompeii. The Romans had apparently learned the art of soap making from the Gauls who may have got it from the Phoenicians. For centuries soap has been crude and costly, but now the best soap is available in many countries even to those in the poorest circumstances.

Though soap, or the circumstance surrounding its use, undoubtedly causes unfavorable reaction in some people, most of us use soap thousands of times each year with no complaints. Nevertheless, proper washing technique is further assurance of satisfactory use. Dermatologists urge that soap be rinsed thoroughly from the hands. Some even suggest this as the key to safe use for many who react unfavorably to cleansing agents. In addition, they recommend lukewarm rather than hot water, gentle rather than vigorous massage and thorough drying of the hands particularly between the fingers.

What are some of the symptoms which warn that a detergent may be damaging your hands? Most common are unusual dryness, scaling, redness and eventual cracking or fissuring. This is most often seen in women who expose their hands not only to soap but to the soapless detergents used in routine household chores. The condition is much more prevalent in winter and is often called chapping. A more serious and advanced manifestation of chapping is sometimes referred to as "housewives' eczema." While this dermatitis is most often seen among women, it is not uncommon among physicians, dentists and men in other professions or trades where frequent hand washing is essential. This eczema begins with mild symptoms followed by secondary infection and eventually thickening of the skin. It occurs frequently between the fingers and over the back of the hand.

What is the role of hand cosmetics in these situations, which vary from minor discomfort to a condition so incapacitating that it can require a change in occupation? Cosmetics are not curative, but they are preventives in the sense that with proper lubrication the skin is less likely to crack and therefore less susceptible to secondary infection or sensitization. Proper cleansing methods in conjunction with emollient hand creams or lotions can help prevent conditions that have their beginning in excessive dryness of the skin. The usefulness of animal fats and oils for temporarily replacing natural skin lubricants has long been recognized. Our great-grandmothers used mutton tallow. Although this fat lacks the aesthetic qualities of pleasant smell and feel that we now demand, it was undoubtedly as effective a protective agent as anything we have today.

Our problem today is not too few preparations to choose from but a multitude *(Continued on page 63)*

GENTLEMEN OF EXTINCTION

Photos by Douglas Grundy (Three Lions)

As thousands of hunters invade the nation's woods and fields again this fall, many of them will end up swelling the tragic statistics of dead and wounded. Hunting techniques that make the sport so hazardous for some, and healthy for others, are demonstrated in these pictures prepared with help from the New York State Conservation Department. Additional rules are listed below.

1. Don't look down your gun barrel.
2. Don't go hunting in cowboy boots with high heels.
3. Never let the muzzle scoop up snow; the gun might explode next time you fire it.
4. Don't move in a boat with a loaded gun.
5. Don't play with the dogs while holding loaded guns; they may leap up and catch the trigger with their claws. It has happened more than once.
6. Never climb a tree with a loaded gun.
7. Never mix gunpowder with alcohol.

A pleasant pose—effective for keeping dust out of the bore—but with a loaded gun it's far from safe.

Expert pointers from the game warden are useful. He shows the importance of using the safety mechanism.

Everything that moves is not fair game! Know where your companions are and shoot in the other direction.

Your target might be a brother sportsman. For extra precaution, break your gun open when he approaches.

Going over a wire fence with weapons in hand is dangerous—loose ends are likely to catch the trigger.

The correct way: Pass the gun under, but first break it open and unload to avoid mishaps from tangled twigs.

Archimedes may have been right about the might of the lever, but using a gun this way can have bad results.

Shooting from a car is unsportsmanlike, unlawful in most states and dangerous for people near the road.

Pity the hapless bystander when you try something like this—acrobatics while clutching a loaded gun.

To get across, place the weapon to one side, muzzle facing forward; then go over where you won't jar it.

"Keep your finger off the trigger until you're ready to shoot," says a man who knows how accidents happen.

And never, in fun or for any reason, let a gun point toward anything—or anyone—you don't want to shoot.

After you've finished the day without mishap, don't take chances by putting loaded weapons in the car.

Break them open and remove the ammunition so that the jolts and bumps of riding can't set them off.

What to expect of X-RAYS

A film that "shows nothing" may still mean much to the physician and his patient.

by PHILIP LEWIN, M.D.

FEW discoveries in medicine and surgery compare with the discovery of the x-ray. However, many patients and some doctors unreasonably expect it to reveal unerringly all disturbances that occur in the human body. The x-ray machine does not write the diagnosis on a score board; it cannot write a prescription. It is one of many valuable diagnostic aids, and certainly one of the most valuable when it either visualizes the cause of the trouble or reveals no evidence of a suspected lesion.

But many people are disgruntled, dismayed or dissatisfied after an x-ray examination has been made, paid for and interpreted to find that the x-ray film does not reveal the cause of their complaints. A remark frequently heard in the bone and joint surgeon's office, for example, is this: "Now, Doctor, if the x-rays of my knee didn't show any trouble, I can't see why we went to the expense of having them made."

The x-ray has its limitations. It is not glorified crystal gazing, nor is it all-revealing.

Many surgeons find that the trouble in only 25 to 35 per cent of the knee joints they operate on is diagnosed from x-rays alone. The patient's history of distress or disability, the sequence of events that leads up to the visit to a doctor, the doctor's physical examination, laboratory tests and x-ray examination, all evaluated and integrated, furnish the doctor with the basis for the diagnosis on which he predicates his advice and treatment.

In most cases, the physician makes a reasonably accurate tentative diagnosis without x-rays, and then uses x-rays to prove or disprove the diagnosis, or if not to show—in that particular case—that x-rays are inadequate to establish a diagnosis.

At times, during routine examinations, the physician is justified in suggesting x-ray examination of certain parts of the anatomy. He must be sure he is not overlooking some pathology demonstrable by the x-ray. But he will warn his patient that the x-rays may not reveal any trouble.

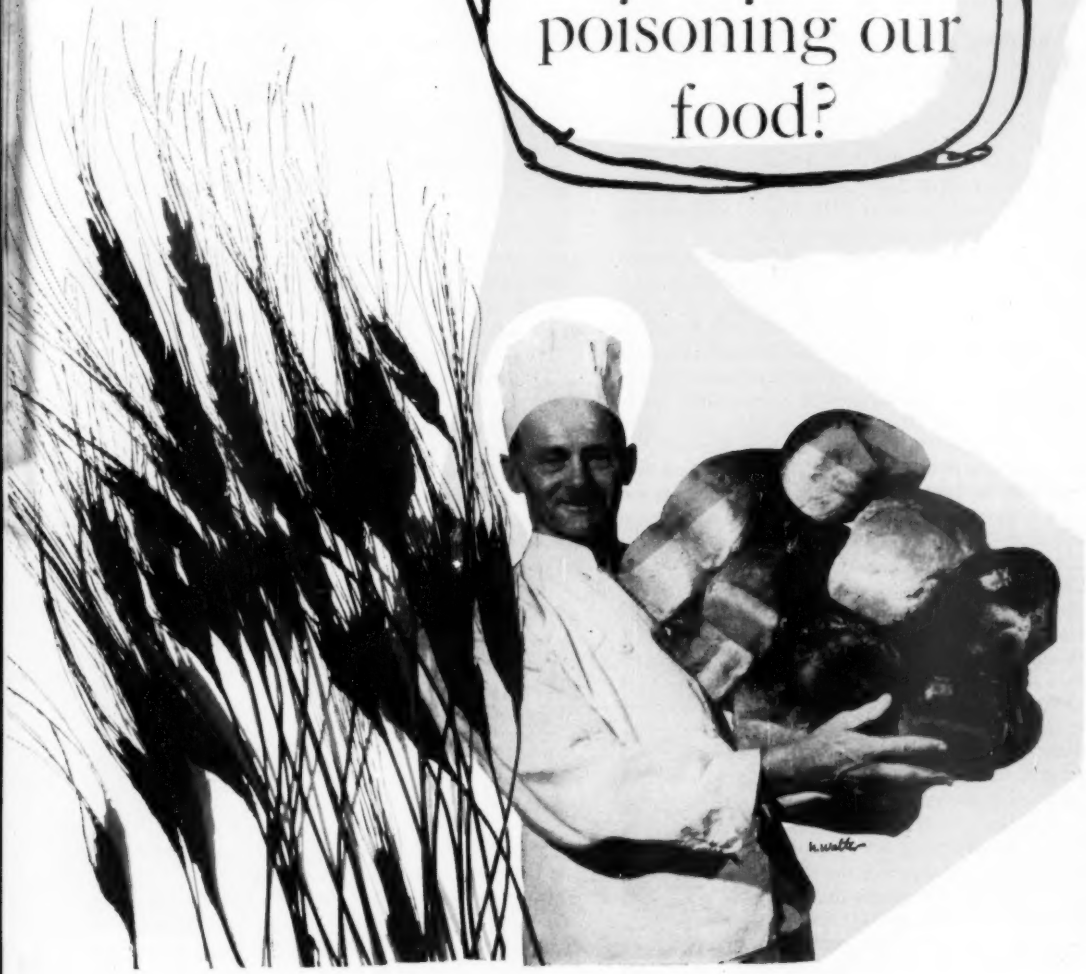
An x-ray picture is a series of contrasting shadows. If a substance or structure is to show on the film or in the fluoroscope, it must contain some matter that is radiopaque—will stop the x-rays. If it contains none of this matter, it is radiolucent; its outline, as with a muscle or tendon, may be discerned in the film, but the internal structure cannot be seen. The chief radiopaque substances are calcium, lead, barium and bismuth. Sometimes such objects as fat, glass or a lead pencil (because it contains graphite) may be discernible on the film.

A frosted layer cake will help illustrate how x-rays work. The cake contains some calcium and will cast a shadow on the x-ray film because the calcium is radiopaque. The frosting has no calcium or anything else that will cast a shadow on the film. The body of the cake is analogous to bone; the frosting is like joint cartilage. It is possible for cartilage to be scratched, frayed, torn or worn away without showing any evidence on the routine x-ray film.

The knee cartilages, for example, do not show on the x-ray film unless they are calcified, ossified, or made visible by a special technique such as the injection into the joint of a special contrast medium, either chemical or gaseous, such as air or oxygen.

Neither the patient nor the physician can afford to ignore or underestimate the value of x-ray, positive or negative, as an adjunct to physical diagnosis.

Are chemicals poisoning our food?



by PAUL B. DUNBAR, Ph.D.

No, says this authority—despite a loophole in the food laws. And you can help make the safeguards stronger.

THOUGHTFUL consumers are today asking serious questions about the safety and nutritive quality of our food supply. Have our foods been debased by soil starvation and over-refinement? Do they contain harmful added chemicals? Does our Federal Food, Drug and Cosmetic Act need amendment to provide more adequate consumer protection?

This public concern is understandable. Sensational and alarming statements have appeared in published articles and have been broadcast by radio. The U. S. House of Representatives set up the House Select Committee to Investigate the Use of Chemicals in Food Products. This able committee, under the chairmanship of James J. Delaney of New York, conducted hearings beginning in September, 1950, and has now reported its conclusions.

Let us consider the three questions asked in the opening paragraph. First, have our foods been debased by soil starvation and over-refinement? The answer of those who have studied the matter most carefully is no.

We have always had nutritional alarmists, many of them sincere and scientifically competent, many with something to sell, many just plain crackpots. The scientists clearly perceived that certain nutritional deficiencies existed. Their researches led to such innovations as the addition of vitamin D to milk, the enrichment of flour and other cereal products with necessary vitamins and minerals, and the systematic administration of essential vitamins in certain areas where nutritional deficiency diseases were common because of monotonously unvaried diets.

In their justifiable zeal for encouraging worthwhile improvements in the nation's food supply, some nutritionists undoubtedly oversold the public on the idea that our nation's food as a whole has seriously deteriorated. This provided an excellent background for food faddists and nostrum vendors. By adroit use of valid scientific quotations, they could support their contention that the nation was on the verge of nutritional disaster and its only salvation was their particular remedy.

It was only a short step from there to the charge that the food industry is debasing our foods by excessive refinement and covering up the deficiencies by chemical additions. Then came the claim that our soil is being depleted by the misuse of fertilizers, so that food grown on it no longer has optimum nutritional quality.

Let us examine this charge that our food supply has been debased through soil depletion. Soil scientists and nutritionists point out that Americans enjoy the most varied diet of any nation on earth. Our markets are stocked with provisions from every section of the land. This variety helps to assure the normal family an ample supply of all the necessary vitamins, minerals and other essential food elements.

Even conceding, as we must, that some soils will not produce profitably large crops, the evidence indicates that the foods that are grown there are not lacking in nutritional quality. The only soil deficiency that has been definitely shown to be related to human food needs is iodine shortage. The need for iodine has been met, where soil conditions require it, by the use of iodized salt. Since we seldom subsist today on the products of a restricted area, the hazard of nutritional deficiency is remote.

Charges of over-refinement and chemical treatment have been especially directed at flour and bread. When our colonial ancestors carried a sack of grain to the local mill, they could be sure of getting back a ground meal containing everything the sack contained, including such incidental debris, to use a polite term, as had been deposited by rats, mice and insects. They could also be sure that unless the meal was used promptly it would become inedible as the oil of the wheat germ grew rancid.

Dr. Anton J. Carlson, world-famous physiologist and the first witness before the Delaney Committee, testified that as far back as the Roman Empire white bread on the table was a mark of social distinction. And as our

country progressed consumer demand for whiter flour and whiter bread increased. Unmistakably the extra refinement required removed some highly desirable nutritive elements along with the quick spoiling wheat germ. The general adoption of the flour enrichment program, urgently recommended by the National Research Council and fully supported by the flour industry, provided for the addition to flour of the needful vitamins and minerals. Enriched flour today is remarkably clean and nutritionally sound.

Do our foods contain harmful added chemicals? Before we discuss this subject, we should consider just what we mean by "harmful chemicals." The vitamin and mineral enriching agents employed in many foods are chemicals. They are used with the complete approval of medical and nutritional experts. Salt is a chemical, and most of us find food without salt highly unpalatable. People have been killed by overdoses of salt, but no one seriously considers it harmful when used in ordinary quantities even though some ailing persons must restrict its use. Innumerable other substances occurring naturally in foods are also produced by the chemical industry. To name only a few, acetic acid in vinegar, citric acid in citrus fruits and the various sugars can all be made synthetically. If consumed in excess, they can cause harm, yet as ordinarily consumed they are not harmful. Before we decide that a chemical substance added to a food is harmful, we must, therefore, consider the quantities consumed.

The term poison itself is not easy to define. Toxicologists divide poisons into two broad classes—acute and chronic poisons. An acute poison, as the name implies, produces quick and severe evidence of injury. A chronic poison, on the other hand, usually manifests its harmful effects only after the body has been exposed to it for a long time. Injury may not become evident for years, and then may not be identified with the true cause. A poison may produce both acute and chronic effects or it may exhibit one type and not the other.

Scientists have little difficulty in recognizing acute poisons. In those rare instances when they are found in foods, prompt and effective corrective action under the food laws is almost always possible.

The recognition of chronic effects is much more complex. Since the scientist cannot usually experiment on human beings, he must use rats, mice and other animals. These have the advantage that their normal life span is comparatively short. Consequently, only one, two or three years is needed to show effects occurring all the way from infancy to old age, including those which influence reproductive powers. Many years would be required to make such observations on human subjects. These animals have the disadvantage, however, of not always reacting to a given substance as human beings do.

Because of this uncertainty and because man is in general several times as sensitive to toxic substances as animals, scientists seeking to determine whether a given chemical may safely be used in foods allow a wide margin of safety. The Division of Pharmacology of the Food and Drug Administration places this margin at 100 to one. That is, they will not consider a chemical as suitable for use in food unless it shows no evidence of toxicity when fed to experimental animals in amounts 100 times greater than it is proposed to use it in food (except, of course, where the proposed use approaches or passes one per cent, making 100 to one testing impracticable or even impossible). In other words, serious consideration is given to the quantity present in the food.

The Federal Food, Drug and Cosmetic Act of 1938 closed many loopholes in the original Food and Drugs

Act of 1906. Its prohibitions against poisons in foods seemed adequate at the time of its enactment. Its framers did not, and probably could not, foresee that under the stimulus of war, our alert chemical industry would develop many new chemicals of great value as insecticides and fungicides and as food preservatives. At a time when war needs required that every ounce of available food be conserved, these chemical developments made a material contribution to the war effort.

To feed the nation, the armed forces and our allies, we had to combat the insect pests that otherwise would destroy our crops. Poison sprays were and are our only defense. But they must be used with due precautions to protect the consumer from food bearing harmful amounts of spray residues. Insecticide manufacturers, entomologists, county agents, farmers, food packers and the food law authorities are working together to attain this end.

Insects are not the only cause of food losses. Mold, rancidity and fermentation account for large wastes. Where heat sterilization in hermetically sealed containers or refrigeration are practicable, these methods of food preservation are, of course, preferable. Where such methods cannot be employed, chemical treatments are not to be condemned provided convincing scientific evidence of safety is available.

During World War II, serious shortages of food fats occurred. Denied their usual quotas of shortening, food manufacturers turned as an emergency measure to certain new chemical compounds known broadly as emulsifiers to maintain palatability and attractiveness of their products. Probably no chemical additions in food contributed so much to public concern as the use of these new substances in bread and other food products. The possibility that some of them might be harmful or that they might replace nutritionally valuable food fats had a big part in convincing the House of Representatives that the Delaney Committee should be set up. In fact, the Food and Drug Administration, even before the committee began to function, had decided that the complete safety of some of these emulsifiers had not been proved. It therefore refused to recognize them as legitimate ingredients in its tentative standard for bread. Quite recently, the Food Protection Committee of the National Research Council has

independently reached a similar conclusion.

From what has already been said, it should be evident that the use of chemicals in foods is not necessarily objectionable. Many of them are employed in a large variety of foods with the entire approval of medical and nutritional experts. Others, while not essential, are harmless and serve a useful purpose.

Harmlessness and usefulness should be an ever guiding principle in determining whether a chemical should be used in foods. Many intelligent consumers have made it unmistakably clear that they do not like many of our commercial breads. They also have distinct reservations about the worthwhileness of the chemical bleaching of flour. The bleaching process was adopted many years ago because of a supposed consumer preference for uniformly white flour and bread. There is good reason to believe that the milling and baking industries are prepared to respond to the growing consumer demand for unbleached flour and more acceptable bread. In any event, the bleaching agents in use are harmless.

Despite the anguished cries of certain professional food quacks seeking to exploit their special formulas for nutritional well-being, the American chemical and food industries are not engaged in a wide-spread conspiracy to poison consumers. Enough has already been said about the contributions of the chemical industry under the stress of war. Food manufacturers in general are law-abiding citizens. They and their families consume the foods they produce. Theirs is not the fly-by-night type of business which looks for a quick profit and a quick getaway before enraged customers and the law catch up with them. It would be the height of commercial folly for a food manufacturer to supply his customers with poisonous or dangerous foods.

But, it may be replied, the testimony of the Food and Drug Administration before the Delaney Committee clearly showed that poisons have been added to foods, requiring drastic legal action. That is true. Laws are passed to control the outlaw. The need for such laws does not condemn the whole human race. Just here, however, is the loophole in our present excellent Federal Food, Drug and Cosmetic Act. The law does *not* require a clearance for safety by the Food and Drug Administration *before* a new chemical is used in a food.

Fortunately most food manufacturers are fully aware of the need for caution. Many employ their own qualified researchers to conduct long animal studies to satisfy themselves that a chemical additive which they believe will improve the quality of their product is completely harmless. The Division of Pharmacology of the Food and Drug Administration is manned by able scientists. They are entirely without commercial bias, since it is a long standing rule that no employee of the administration may have any direct or indirect fi-

(Continued on page 64)

FOR YOUR PROTECTION

A group of basic rules which should serve as useful guides in evaluating the safe use of chemicals in foods has been proposed by the A. M. A. Council on Foods and Nutrition. This set of rules is based on the council's 22 years of experience in formulating general principles to be used in judging the quality and wholesomeness of food.

The council was asked to present these principles on the use of chemical additives to a Congressional (Delaney) committee, which was investigating the use of chemicals in foods. A council statement was presented to the committee by Dr. William Darby of Vanderbilt University. The full text of the testimony is in the official record and also in the *Journal of the American Medical Association*.

The essence of the report is as follows:

1. *Evaluation of Additives in Wholesome Food*

"A wholesome food is a product which makes a significant contribution to the human dietary requirements and is clean and free from microorganisms and chemical additives of such quality or in such quantity that they may be directly injurious or result in reduced nutritional quality."

2. *The Need of Proof That Additives Are Safe*

A portion of the statement accompanying this definition reads:

"... the development recently of a large number of chemical technologic aids has emphasized the necessity for re-examining our idea of a wholesome food, particularly from the point of view of its freedom from chemical additives which may be harmful to the consumer because of toxicologic effects or because their incorporation in food causes or makes possible the reduction of nutritive value."

The council then emphasized the necessity of studying chronic as well as acute toxicologic effects. It is essential that these studies be completed before newly proposed chemical aids are introduced into foods. When additives are to be included in foods they must be proven safe beyond reasonable doubt and in the interest of individual or public health.

3. *The Need of Practical and Effective Quality Control*

The Council pointed out that accurate and practical tests for detection and quantitative determination are essential for the protection of both the food processor and the consumer.

These tests should be available before additives are permitted in foods. Any effective control measures designed to exclude harmful additives depend on the availability of accurate and practical methods of detection.

Pinney (Monkmeyer)

If you can't nurse your baby

by JUDITH-ELLEN BROWN

You can still give him many of the benefits of nursing. And this is how.

I WAS heartbroken when the doctor advised me to give up trying to nurse my first baby. I'd wanted so much to make a success of breast feeding, but somehow it didn't work out. And, after ten unhappy days, the pediatrician advised switching to bottle feedings.

"Let's be sensible," she replied to my protests. "Maybe you'd enjoy the more intimate relationship with the baby. Breast feeding is usually better. But your baby obviously isn't benefiting from breast feeding—either physically or emotionally—the way it is going. The best thing to do is to make bottle feeding as nearly like nursing as possible."

Reluctantly I agreed and promised to follow the doctor's rules for "almost-as-good" bottle feeding. And I worked out a few tricks of my own. Now, two babies later—both breast-fed—I can look back on my bottle feeding days as managing to come mighty close to "the real thing."

Here's how to do it:

1. Most important, don't feel guilty about your inability to nurse. The finest thing you can give your baby is the feeling that he's loved. And you can do that about as well via bottle feeding as through nursing if you go at it sensibly, tranquilly—and lovingly.

2. Make mealtime a special time for you and Baby—a time for cuddling him, for cooing at him a bit, for letting him know you think he's a pretty wonderful person.

3. Relax. Sit in a comfortable chair; back propped with a cushion if desired. Hold the baby in a position as near to the nursing position as possible, comfortably resting against one arm, yet not held too tightly. For added comfort, put your feet up on a footstool or chair while feeding. But don't lie down—it's too easy to fall asleep, especially at the two a.m. feeding, and injure the baby.

4. Be sure the formula is as near body temperature as possible. Milk that seems only slightly warmer than usual to an adult can prove painful to a baby's delicate mouth and throat; a coolish bottle can cause tummy discomfort later. An electric bottle warmer will assure a correctly heated bottle in a jiffy, and it's especially handy for night feedings.

5. At each meal adjust the nipple to make sure the baby receives the correct flow of milk. This means the holes should be small enough to make him work for his dinner just a bit, as in breast feeding, yet not so small that he becomes frustrated.

6. Avoid "over-burping." Constant interruptions are mighty exasperating to a hungry baby. Let him satisfy his initial hunger before bubbling him, then hold off for a final "burp" until you are quite sure that he has finished.

7. Let Baby decide how much milk he wants at each meal. In breast feeding, as my pediatrician reminded me, the baby determines his own intake; unless you weigh him before and after each feeding, there's no way of knowing just how much he's getting. In the same way, the bottle-fed baby—rather than a predetermined quota—should decide how much he drinks. If he wants to call it quits at one ounce less than he took at a previous feeding—or two ounces less than Mrs. Jones's baby imbibes at every feeding—let him! Most normal babies will get as much as they need over a 24 hour period, even though there are sizeable fluctuations in intake per feeding.

8. Don't leave Baby alone with the bottle propped up for his feeding. In the first place, this destroys the feeling of closeness you're trying to achieve. And the bottle may slip out of position, causing him to suck air (which usually produces indigestion). Or the bottle may slip out of reach altogether—a really irritating experience for your hungry infant. Finally, propped bottles are actually a serious hazard, since the baby may choke or gag in your absence.

9. Remember that an initial failure at breast feeding doesn't necessarily mean you won't be able to nurse future offspring. Despite my inability to nurse my firstborn, I nursed his younger sister until she was weaned to the cup at eight months of age, and his baby brother until he was completely weaned at ten months!

The rocking chair invites a ten minute rest every hour to prevent fatigue—and in such a restful room!

The open end of the kitchen has space for a sit-down ironing board, Baby's playpen or a toddler's games.

A Kitchen for the "Take it Easy" Cook

In a *Today's Health* article a little over a year ago ("What's Wrong with Kitchens?" July, 1951) I stamped my foot and screamed that there were a whale of a lot of things wrong with most so-called "model kitchens"—especially those that won awards. The implication was clear that I knew how to build a kitchen without any faults. It was pretty big talk.

Little did I dream that I'd have my cards called so soon!

Only a few months after the publication of my angry essay, Dr. Margaret Austin of Women and Children's Hospital in Chicago asked me to serve as consultant for the building of a "model" kitchen. This kitchen was to show the thousands of physicians from all over the United States who would come to the American Medical Association's national meeting how their heart patients could follow doctor's orders and "take it easy" even though they happened to have a husband and children to cook for.

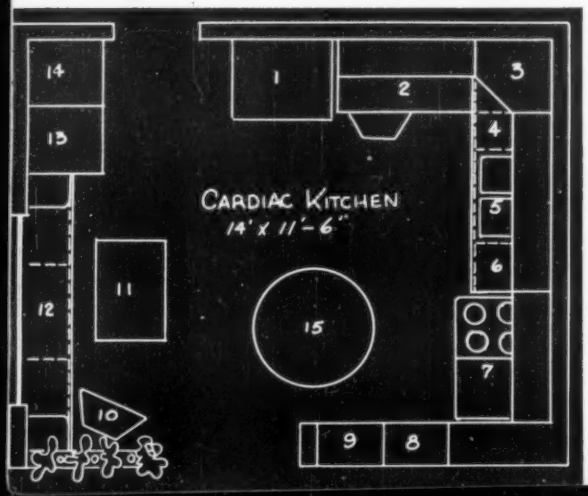
Dr. Austin is a gentle, charming lady with a most feminine manner. Yet her request was a bit like asking me to "put up or shut up."

So I did a job for the Heart of the Home Committee of the Chicago Heart Association. We not only built the kitchen; we won an award! (And did you see the kitchen and me on the coast to coast television show last June?)

Since the purpose of the project was to show how the principles of work simplification developed by industry could be used in a kitchen to meet the needs of a patient with heart disease, the first thing I needed to know was:

What does a doctor mean when he tells his heart patient to "take it easy"?

He usually means not to climb or lift or stretch or reach or stoop or squat or carry any more than necessary;



Key to Floor Plan

1. Refrigerator
2. Mixing center for sit-down work
3. Revolving shelves
4. Vegetable bin
5. Sink
6. Serving counter (wheeled cart fits below)
7. Range
8. Cabinet for "range first" equipment
9. Cabinet for "best" dishes
10. Rocking chair
11. Playpen or ironing board
12. Window seat with toy cupboard
13. Cleaning closet
14. Coats
15. Table for meals

Flat dishes are filed in regular office file separators over the sink. There's no lifting big stacks.

The new-old range with high oven cuts out stooping. Notice the hooks for pans that are used here first.

It was designed for the cardiac housewife, but the work-saving ideas can be applied in any kitchen.

to cut down on walking; and to sit down to do much of the work. And the doctor usually adds, "Rest *before* you are tired."

It was our job to build a kitchen in which it would be possible for a woman to follow those orders and still cook good meals and enjoy homemaking.

We asked ourselves a second question:

How have other people solved the problem of work simplification in the kitchen?

There is a wealth of material to answer this question. Dr. Austin and her committee are among the pioneers in this field. They have been conducting seminars on work simplification since 1950 in their Heart Kitchen at Women and Children's Hospital.

Then there is the splendid "Heart of the Home" booklet put out by a New York group, whose chairman is the famous efficiency engineer, Dr. Lillian Gilbreth (mother of the "Cheaper by the Dozen" family.) This we leaned on heavily.

I went to Detroit to see what Frances Sanderson and her co-workers were doing, and I liked what I saw. The

A false back leaves the top shelf only seven inches deep so packages can't slip back out of easy reach.

FOOD and HEALTH

by ANNA MAY WILSON

Everything needed at the mixing center is in sitting reach. The gravity dispenser at right holds flour or sugar.

work done on the West Coast, especially in Los Angeles, was carefully studied as was material sent to the Chicago Committee by many colleges of home economics and extension services.

The third question was:

Can a "take it easy" kitchen be built with stock equipment available in the present market?

The answer is yes. By careful choice of cabinets and appliances, only minor adjustments, that any carpenter or a clever husband could do, were needed to make the standard equipment meet the restrictions placed on the heart patient.

The fourth question we asked ourselves was:

Can we in any way improve on what others have done and build an even better kitchen for the heart patient?

On this last question you may be the judge.

Take a look at the pictures and diagram of the kitchen, and I will tell you some of the things I like about it.

To begin with, the cabinets are natural finish maple which besides being beautiful take much less wiping to keep them looking clean. For the rest of the room we used lovely, soft, earthy colors—terra cotta, dove gray and lemon yellow, and spiced it all with black. There are no glaring sign-board colors that the advertising artists so commonly use to dazzle the consumer and demand attention. The result is a warm, friendly room that is both peaceful and cheerful. It is also a feminine room without frills.

Since the mixing center is where the creative part of cooking takes place we decided to provide for maximum comfort there.

We at once rejected as uncomfortable the usual business of sitting at work on a high stool with the knees bumping against the base cabinet door or the body twisting sideways to get close enough to work on a high counter. No industry would think of expecting a man to produce in such a clumsy position. What *would* industry do? What is done in a business office? Why, workers sit down with their feet on the floor and their knees under a desk. So we decided there would be no compromise. Our mixing center was made much more like a desk than a kitchen cabinet. The counter top is 30 inches from the floor, which is comfortable table height. This provided for working with knees under the counter and feet on the floor.

Have you ever noticed that a secretary never uses her typewriter on top of her desk? There is a good reason why it is placed on a board much nearer her lap. If she used it at the high level her upper arms would be in a strained position, out from her body as she typed, and in no time she would grow weary and start making mistakes. For exactly the same reason we built for our cardiac housewife a pull-out lapboard just 26 inches from the floor. On it she can stir a cake or beat an egg while her upper arms are close to her body in the least fatiguing position.

While sitting at this mixing center in a comfortable office swivel chair the housewife can prepare anything from a pumpkin pie to a baby's formula without getting up or reaching more than 22 inches, which is the easy reach for the average woman. The perishables such as milk, butter and eggs are in the refrigerator at her left. Sugar and flour can be fed directly into a measuring cup from gravity bins that hang under the wall cabinets. Other staples and spices are within reach in the right hand cupboard above the desk. Vegetables are in the ventilated pull-out bin at the right.

Perishables, too, can be reached without taking a step. The ring on the counter holds a dish towel.

Pull-out lapboard allows use of long handled tools with arms in "rest" position—elbows near the body.

Measuring spoons and cups, a rolling pin, a beater, a can opener, mixing bowls and other constantly used equipment hang on hooks in the perforated board that covers the wall back of the mixing center and continues across the side of the refrigerator. Such things as cake and pie tins are filed on the first shelf of one of the low cupboards over the mixing center.

There are so many more wonderful features of this kitchen I could tell you here— *(Continued on page 54)*

MRS. ELEANOR ROOSEVELT

World-famous wife and mother; Senior United States Representative of the United Nations General Assembly; author, radio and television commentator; internationally respected and admired for her interest in, and understanding of, all peoples.

HONORABLE CHARLES EDISON

Son of the late Thomas A. Edison; former Assistant Secretary and then Secretary of the Navy; former Governor of New Jersey; guiding force as officer and/or director in many nationally known civic, educational and industrial organizations.

MR. RUPERT HUGHES

Author, playwright, producer, poet, biographer, composer; chief assistant editor of the 25-volume History of the World published by Encyclopaedia Britannica; veteran of two world wars; Hollywood writer, Doctor of Letters, director and commentator.

These three great Americans can afford any type of hearing aid at any price. They wear the seventy-five dollar Zenith hearing aid.

BIOGRAPHICAL DATA BASED ON "WHO'S WHO IN AMERICA."

by BERNITA BREON

Take your own medicine

Your prescription is tailored for you, and may harm someone else.

HAVE you ever been guilty of the dangerous act of taking medicine prescribed for someone else? It's really surprising the number of otherwise intelligent people who would never dream of finishing Aunt Minnie's bottle of pop, but will think nothing of finishing her bottle of cough syrup. Yet the germs in the drink might prove far less harmful than the ingredients in the syrup.

Modern medicines are prescribed for the individual and not for the family. They are carefully compounded and what is sometimes given to a person of one age might prove dangerous to someone younger or older. The safe thing to do is to dispose of any leftover medicines when the person for whom they were prescribed no longer has a need for them.

We all know that prescriptions containing drugs developed through a great deal of research are sometimes costly, but doctors realize this too and seldom prescribe beyond the patient's needs. When your doctor orders six aureomycin capsules for you, for instance, with directions to take one every four hours, he doesn't mean for you to take two or three and if you are feeling better save the rest for Junior.

In the first place, the doctor has determined the amount of the drug he thinks you need, and in the second place, that capsule compounded for you might contain more of the medicine than could be tolerated by another member of the family.

You may say, "Yes, but it's foolish to throw away medicine when you know what it's for." Perhaps there's been a stomach upset in your family for which you've called the doctor; then several days later another member of the family develops an upset stomach. You might well think that it's something "going around" and, if your thrifty nature has prevented you from throwing away the last prescribed medicine, you may reason that rather than bother the doctor once more you'll use up the excess. If you cause no damage you are lucky. And the same holds true for using last month's cough medicine for this month's cough.

The one getting the secondhand medicine may not be suffering from the same ailment at all. The medicine you've saved for him could do him a great deal of harm, and his upset could be the forerunner of something much more serious in which those lost hours count against him.

Have you ever heard of your neighbor's reducing pills? Of course you have, and chances are if you're the average overweight food lover you've been tempted to try them without consulting your doctor. Those pills which merely depress the appetite of your friend could keep you highly nervous and unable to sleep nights, and wreck your glandular balance in general. Try your neighbor's doctor if you wish—just don't try his medicine.

Clean your medicine cabinet thoroughly of all old prescribed medicines not still being used for the person and illness for which they were prescribed. Furthermore, make certain they will not fall into the hands of others.

Take all the secondhand advice you want to, but take your *own* medicine.

Comics and Television

(Continued from page 18)

excitement, adventure and escape. And they do not penalize the poor reader for limited reading ability. The pictures help the child understand the text even when the language is difficult. The wide and strong appeal of comics causes them to be used at times in unusual ways. For example, the *Times Educational Supplement* says a police officer in Islington, England, reported that parents of accused persons waiting trial gave them comics to occupy their time and distract their attention. And Roderick Ronson writes in the *National Parent Teacher*, of another unusual function for comic books. This Canadian writer indicates that he frequently employed the comic books as a "narcotic" to quiet the nerve-shattering bedlam that arose when his children's friends gathered in his home. But he later regretted the practice and successfully launched a campaign for better reading.

Comics have an undeniably wide appeal and varied use. And the readers are not limited to children. Surveys in some localities show that large percentages of adult men and women read comic magazines regularly. Their strongest attraction, however, is for children.

It is estimated that more than 90 per cent of boys and girls between eight and 13 read the comics regularly. Of this group the largest numbers are read by children in grades three through six. Interest continues, although somewhat diminished, throughout junior high school. Even in senior high school, it continues to be fairly strong. A survey made in a high school rich in opportunities for students to enjoy good literature showed that comics constituted about one fourth of the total number of magazines read.

The persistent preoccupation of children with the comics presents a challenge to every teacher and parent. Such reading in excess will tend to keep children on a plateau educationally, for comic books are characterized by relatively inferior language and the repetition of a comparatively few standard incidents and situations. Infrequently do they convey information of significance. Unless the reading of comic books is balanced by more worthy experiences there can be little growth in desirable reading habits and tastes.

Many adults object not only to the limited "learning" value of most comic books, but also to the recurring presentation of violence, destruction and aggressive conduct. Certainly it is true that many American comic books present such situations frequently. In fact, some English writers characterize comic magazines as "sensational American products" which hold "a morbid fascination" for children and young people. They repeatedly express concern over the increased reading of American comics by English children as well as the tendency of British publishers to adopt the most profitable American practices.

Critics have pointed to another danger in excessive reading of comics. They believe that the situations set forth in some comics lead children to "a frantic pursuit of an empty dream." Margaret Mead, as quoted by Walter W. Argon in the *National Parent Teacher*, notes that many of us in our childhood "absorbed great quantities of Horatio Alger stories, little realizing that we were accepting standards of behavior that in the long run could lead only to frustration. Success, according to Horatio Alger, meant the importance of the position one achieved, the size of one's bank account, one's status as a dweller in a castle on a hill. To be a success one had to 'get ahead.' This kind of literature—this kind of thinking—is a psychological poison that has stunted the emotional growth of an untold number of children."

One may logically infer that the unparalleled reading of comic magazines will affect children to an even larger extent than the Alger stories of former days and may have an even greater stultifying effect upon emotional maturity. For the themes appearing and reappearing in comics are not usually wholesome. Of course, several investigators have pointed out that there is no scientific evidence to show that the reading of comics causes delinquency. How-

Your daughter is not a simpleton

She probably knows more than you do, for instance, about some of the modern discoveries in monthly sanitary protection, especially the "internal absorption" school represented by *Tampax*. . . . No matter which (mother or daughter) first brings Tampax into the house, she deserves the thanks of the other. For Tampax is certainly a "wonder product" for women every month in the year.

The physician who invented Tampax was aiming to combine comfort with daintiness, and millions of women have testified to his success by adopting the Tampax "internal" method. . . . As for *comfort*, you can't feel the Tampax while wearing it. As for *daintiness*, your hands need not touch it while using disposable applicator. No belts, pins or external pads to make a bulge under a dress. No odor; no chafing. Easy disposal.

At drug and notion counters. 3 absorbencies: Regular, Super, Junior. A month's supply may be carried in purse. Tampax will increase your confidence and improve your poise on "those days." Try it. Tampax Incorporated, Palmer, Mass.

Accepted for Advertising by the Journal of the American Medical Association

ever, most adults who are interested in the cultivation of wholesome attitudes in children concede that continued comic reading may subtly condition children to accept or at least to tolerate violence and brutality in human relationships. As Norbert Muhlen states in *Commentary:*

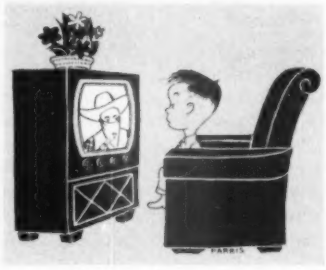
The real point is not that the children will tend to resort to violence themselves; it is rather that they begin to accept violence, when practiced by others, as "normal."

This education to violence, while hardly presenting the "clear and present danger" of causing juvenile crime waves, breaks the ground for a future criminal society. Individual insecurity and social anxiety, the common roots of both the murder trend in entertainment and increasing juvenile delinquency, can lead to brute force and terror as a normal basis for society where today it is only an abnormal behavior pattern. If that is the case, the comic books may be helping to educate a whole generation of an authoritarian rather than a democratic society.

The foregoing criticisms are considered valid by many thoughtful adults. It is not surprising that, during the postwar years, national groups, led by the Congress of Parents and Teachers, initiated action to bring improvement of the comics. This effort is still going on. But with the advent of TV, a closely related and even greater problem arose. It soon became evident that the new medium was consuming an unprecedented amount of the child's leisure. And many of the objections to comics seemed to apply to it.

Until recently one of the questions most frequently asked by adult groups concerned the effective use or redirection of children's very strong interest in the comics. Today the following questions are even more frequently presented by parents and teachers: What shall we do about television? How can children's strong interest in TV be most advantageously utilized?

This concern is quite natural, since in many cities televiewing has become the favorite pursuit of children and youth. Almost every adult has a strong conviction about televiewing. Some time ago, a New Jersey teacher was reported to have given up her position because she felt she could no longer compete with TV for the interest of boys and girls. Parents, too, frequently express anxiety over the time children give to TV and the resulting loss of interest in wholesome recreation of other kinds. Some parents point out that "life should be lived, not watched." TV, they say, is converting children into a race of spectators. But despite the inclination of many parents and



teachers to stress the unfavorable effects of TV, others cite desirable results. These parents report that family relationships are improved and that common interests are bringing about greater companionship, understanding and harmony in their homes. And some teachers find that their classroom activities are enriched by contributions children are able to make because of interests stimulated by TV. They point out, too, that TV programs frequently include presentations that can profitably be associated with effective school endeavor.

Despite their varied attitudes toward TV, most adults recognize its potential power. For example, Senator Anderson of New Mexico states:

The prospect of 39,000,000 American families—each watching TV an average of four hours a day—is not one to be dismissed without further consideration . . . Here is a tool comparable only to the invention of printing in its power to inform and to influence free thought.

Several writers are concerned about these possibilities of TV in shaping the thought of children and adults. Robert W. Wagner writes, in a recent news letter of the Ohio State University Bureau of Educational Research:

These examples of the power of mass media have been the subject of

much discussion and debate, arousing both hope and fear. What makes these media so effective? Are we at the mercy now of symbol-manipulating, button-pushing radio, television and film practitioners who may be able to direct mass thinking as it was directed in Nazi Germany? Or will film, radio and television be the way to a world enlightened by the rapid spread of information, united by common understandings made possible by mass communication?

Some writers believe that after the initial appeal of TV wears off, children will turn to this medium much less often. The results of several studies I have made show that interest in TV is not greatly diminishing—and the number of TV owners is rapidly increasing. Surveys made in 1950 and 1951 showed that in 1951, 68 per cent of the pupils in the Evanston, Ill., schools had TV sets in their homes, as compared with 43 per cent the preceding year. The average amount of time devoted to TV by the pupils was 19 hours a week in 1951, 21 hours in 1950. The primary children continued to be the most avid and enthusiastic televiewers. Parents, too, persisted in devoting a large amount of time to TV although the amount decreased somewhat—from 24 hours to 19 hours a week. This year a third survey showed the number of TV sets in homes has increased, but the time devoted to TV has not decreased.

It was found that only about one-fourth of the teachers have TV available; they spend an average of ten to 12 hours per week televiewing. And few of them watch children's programs; perhaps this fact accounts for the small amount of TV guidance given children in school. But the attitude of teachers toward TV is gradually changing. In 1950 about 50 per cent of a large group of elementary school teachers stated that TV was leading to minor or serious problems in their classes. In 1951, the per cent had decreased sharply. Among high school teachers a similar change was noted in 1951, with less frequent objection to TV by owners of TV sets. In a small group of high school teachers three of the "owners" reported that TV had created problems in their classrooms as compared with six of the non-owners. Study of a larger sample showed that nine per cent of the owners reported problems, as compared with 17 per cent of non-owners.

The programs enjoyed by teachers in 1951 appear in somewhat differ-

Technical Ticklers

The following questions are based on information in this issue of *Today's Health*. Turn to page 53 for the answers.

1. What is the basic cause of teasing and bullying?
2. What are two things that may predispose to fainting?
3. A school lunch program brings many benefits. Can you name two?
4. What is one of the objections to comic books?
5. What will be a big problem when atomic energy enters industry?
6. What is one of the early signs of cataract formation?
7. Of the solutions for the child televiewing problem, which is likely to be most effective?
8. What is an x-ray picture?

helpful hints for better living

On page 72 of this and each succeeding issue of TODAY'S HEALTH there appears a brand new Editorial Feature that we feel certain will be interesting and helpful to you.

HELPFUL HINTS FOR BETTER LIVING is designed to offer you more complete information about products advertised in TODAY'S HEALTH. Many firms have interesting booklets and pamphlets that can be "yours for the asking" and it's because we've received so many requests from TODAY'S HEALTH readers that this new service has been established.

We sincerely hope that you will turn to page 72 because we believe you will find there items about which you will want more information. The READERS' SERVICE coupon at the bottom of the page will prove quite helpful, and all you have to do is circle the numbers of the items in which you are most interested and mail it to the TODAY'S HEALTH Readers' Service Department.

Please feel perfectly free to write your READERS' SERVICE DEPARTMENT on *any* subject. We'll do our best to supply the information you request.

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Here's a quick and easy way to get your needed Vitamin A!

Drink EVEREADY Carrot Juice

This solid-laden juice of California-grown carrots is rich in all three forms of Vitamin A (Carotene) —Alpha, Beta and Gamma . . . and the Beta type of Carotene yields *twice as much Vitamin A* in the body as either of the other two!

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The *smooth* nursing action of the Evenflo Nipple results from two tiny valves in its base which draw air into the bottle as baby nurses. This counteracts the vacuum, allowing milk to be withdrawn easily and steadily. Thus babies finish their Evenflo bottles before getting tired and make better gains in weight. Get handy Evenflo Nursers for *your* baby at baby shops, drug & dept. stores.

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America's Most Popular Nurser

"First of all, let's forget all the guff about medicine you've been reading in your comic books."

ent order from the parents' favorites. The teachers turned to: "What's My Line?," current events, Fred Waring, "Show of Shows," "Toast of the Town," "Who Said That?," "Studio One," Arthur Godfrey, and Clint Yule. And parents' favorites included in order: Arthur Godfrey, Fred Waring, Milton Berle, sports, "Mama," "What's My Line?," "Studio One," Dave Garroway, "Show of Shows," Clifton Utley, amateur shows, "Twenty Questions," the Firestone program, Beulah Show, news programs.

At the time of these surveys teachers and parents cited advantages and disadvantages of having TV sets in the home. Problems attending televiewing were similar in all three studies, but their incidence was smaller in the 1951 and 1952 surveys. In spite of the shortcomings of many TV programs, educators and parents alike recognize unparalleled educational potentialities in this new medium.

About one-third of the pupils stated that TV helps them with their work in subjects such as English, history, science and current events. On the other hand, about two-thirds of the pupils asserted that TV does not help; many of these students stated that TV provides a strong temptation to take their time and attention from homework. More than a third of these pupils indicated that they read less now that they have access to TV. But comic books were reported to be read about as frequently as before TV.

These studies suggest that children's strong interest in television may be a liability or an asset. Criticism by parents and teachers is similar to the strictures directed in former years against the comics, the radio and the movies. The complaints reflect a feeling that the growing interest in TV will influence study habits adversely and cause children and young people to read less and to choose reading matter of inferior quality and doubtful value. In every survey, many parents assert that excessive interest in TV may divert the child from participation in wholesome recreation and in desirable physical activities. Moreover, both parents and teachers stress certain behavior problems that are associated with TV, although the frequency with which such problems are mentioned appears to be decreasing.

The antidote to both TV and the comics lies in the provision of a constructive program of guidance. In working on such a program these suggestions may prove of value:

1. In offering guidance, parents and teachers should examine the recreational facilities of their community, and should attempt to offer boys and girls abundant opportunities for varied play and creative activities of many kinds.

2. Child study techniques should be employed in an effort to understand the children's varied needs. The types of programs they are seeing on TV should be ascertained. The merits and limitations of their best-liked radio and movie programs and comic books should be discussed. After a study of the amount and nature of other leisure activities in which the children engage, one can raise the question of more desirable budgeting of time so as to obtain a balanced leisure program. Councils may be set up within the family to decide upon the budgeting of time so as to make the most of one's leisure.

3. It should be recognized that many children need help in developing more effective habits and skills so that they will enjoy the act of reading as well as the results. Varied reading materials chosen to satisfy and extend wholesome interests should be provided, and children should be encouraged to make effective use of the public library.

4. Children's literature should be discussed and related to themes in favorite TV programs and in comic books. Boys and girls should be helped to find books that are not only rich in excitement and adventure but superior in literary quality. We should recognize the fact that some TV programs and some comic magazines are superior, too. Encouragement should be given to children to enjoy these programs and magazines.

5. The satisfactions obtained from TV are similar to those derived from the movies, the radio and comic books. This fact should be recognized as adults seek to give individual or group guidance to each area. In efforts to lead children to read critically, to listen discriminatingly and to evaluate the pictured presentations offered on television and through other media, parents and teachers should work together.

6. Cooperation of various groups of adults is also needed in efforts to improve the offerings on TV, via the radio, and in the comic magazines. At the present time there are unique opportunities for parents and teachers to participate in a national movement aiming at the development of superior educational offerings on TV.

For information or advice on educational broadcasting, write: Radio Division, U. S. Office of Education, Washington 25, D. C. For information on TV stations for non-commercial, educational purposes, write: Joint Committee on Educational Television, 1785 Massachusetts Avenue, N.W., Washington 6, D. C. To get the radio-TV industry's side of the argument, write: National Association of Radio and Television Broadcasters, 1771 N Street, N.W., Washington 6, D. C.

The main problem associated with all these media is to be met by directing boys and girls to find satisfaction in reading good books and in engaging in other desirable activities so as to develop individually appropriate patterns of recreation. Guidance and careful planning are needed if TV and the other media are to be used effectively in fostering children's sturdy and wholesome development.

Answers to Technical Ticklers

(See page 51)

1. A sense of personal inadequacy. ("Teasing and Bullying," page 68.)

2. Fatigue and headache. ("First Aid," page 17.)

3. Healthier children and better school work. ("Your Town Can Have a School Lunch Program," page 30.)

4. Their education to violence. ("Comics and Television," page 18.)

5. Proper use of leisure. ("Is the Atomic Age Unfit for Babies?" page 22.)

6. Dimming of eyesight. ("Cataract," page 24.)

7. A constructive program of education. ("Comics and Television," page 18.)

8. Shadows cast on the film by x-rays which have passed through substances that stop some of the rays. The "picture" is a shadow pattern, not a true "photograph." ("What to Expect of X-rays," page 37.)

THIS QUICK AND EFFECTIVE PRODUCT MAY "KILL THE DESIRE"

USE THUM IN THUMB-SUCKING CASES TOO...

Contains extract of capsicum (2.34%) in a base of acetone nail lacquer and isopropyl.

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IF YOUR DOCTOR ADVISES sleeping on a firm mattress to relieve or prevent annoying backaches . . . ASK YOUR DEALER FOR—

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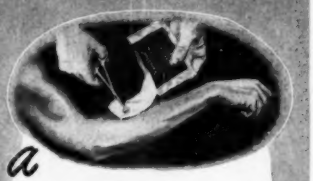

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Vaseline®
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Sterile Petrolatum Gauze Dressings

Whatever the emergency, these *always-sterile* dressings are *always ready for instant use* as a soothing, *effective* covering for burns, abrasions, other surface injuries. Each dressing is individually packed in a heat-sealed aluminum-foil envelope. Non-sticking and non-contaminating—they are widely used by the Armed Services, in hospitals, fire departments, industrial clinics, first-aid stations, athletics and sports. Get a supply today from your local dealer or pharmacy—for use in emergencies and for home treatment of minor burns and injuries.

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Size No. 1—one 3" x 36" dressing
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Each size packed 6 envelopes in a printed carton, illustrating removal of dressing from envelope for application.

A Kitchen for the "Take-it-Easy" Cook

(Continued from page 46)

such things as the shallow cabinet (13 inches deep and 21 inches wide with shelves all the way down) that holds all the "range first" pots and pans, skillets and roasters without stacking or hiding them one behind another; and the hooks over the sink for pots first used there—the bottom of the double boiler, for instance. And there is the handsome light fixture that produces such drama when lowered over the table at mealtimes. It also provides that the clutter from meal preparation can be left in the shadow while the family eats.

The sink was deliberately left at a normal 36 inch level, for not even a heart patient has to sit all the time. In fact, a change of position can be beneficial, and we did want to make it comfortable for other members of the family to help with the dishes. Right next to the sink, between it and the range, a pull-out cart fits under the counter. It multiplies the serving counter by four.

And the little touches that contribute so much to convenience: paper cups in a dispenser by the sink to eliminate the accumulation of dirty glasses through the day; the scrap trap at the mixing center, a hole through which crumbs are easily brushed into a can below; the recipe card holder made from a stick and a spring-type clothespin (you can see it in the pictures at the right of the mixing center); and the self-lifting device in the tip of the iron (you can see that, too, in the second picture, if you look closely). I think you will get the rest of our story from the photographs and the floor plan.

Some of the work simplification ideas used in this kitchen can be used in almost any house. They are:

1. Adjustment of work heights to meet the needs of the job and the comfort of the individual housewife.
2. The grouping of equipment to provide work centers (food storage and mixing, cooking and serving, clean-up and dish storage).
3. The work centers so arranged that a line drawn from the refrigerator to the sink to the range and back to the refrigerator (the work triangle) measures not more than 22 feet nor less than 12 feet. Any traffic cutting through this work triangle interferes with meal preparation and should be avoided in a good kitchen.
4. Placing of *everything* where it is first used and within easy reach.
5. Lowering shelves so that all may be reached without stretching or climbing.
6. Elimination of deep, low storage cabinets.
7. The high oven.
8. A comfortable and attractive eating place.
9. And space for relaxation and family living in the kitchen but outside of the work triangle.

Such a kitchen can truly be the heart of the home.

If you happen to be in Chicago, you can see the kitchen at the Museum of Science and Industry there until the end of October. Guides will give lectures at certain hours.

P.S. You don't need to have heart disease to build a kitchen like this. It is just as good for anyone who wants to be a "take-it-easy" cook.

Straightening Teeth

(Continued from page 27)

come in alone. I have seen an eight year old, accompanied only by his pet turtle (housed in a coffee can), stroll into an orthodontist's reception room and calmly await his turn. Children come to anticipate their appointments with no more concern than they do leaving for school.

After Johnny's teeth have been moved, cemented bands may hold them in place while they become firm in their new position. During the last phase of treatment, after all other appliances have been removed, he will probably wear a retainer—a thin wire band that fits across the teeth and attaches to the molars. This appliance is often worn only at night

or at specified periods of the day since it is usually removable. By this time appointments are far less frequent and you are charged only for occasional checkups.

After treatment Johnny's teeth will be just as firm and probably far more useful than before. Appliances will not cause teeth to decay if they are thoroughly cleaned after every meal.

Of course, most of the basic causes of malocclusion stem from hereditary factors which you can do little to control. But there are other underlying causes for tooth deformities which can and must be eliminated before the orthodontist's corrective work can be completely satisfactory.

Biting or sucking the lip, for instance, and prolonged thumb-sucking can cause deformities. In time, lip-biting can push the upper teeth outward and the lower teeth inward. Biting the tongue between the front or side teeth may eventually cause partial depression of the teeth into the bone.

Correction of these habits requires concentrated effort on the part of the child. Cooperation between you, the child and the orthodontist is the key to success. You may as well save your money and the orthodontist's time, if the child does not understand the importance—in many cases the absolute necessity—of complete cooperation. If such cooperation cannot be gained, results will undoubtedly be unsuccessful or discouraging.

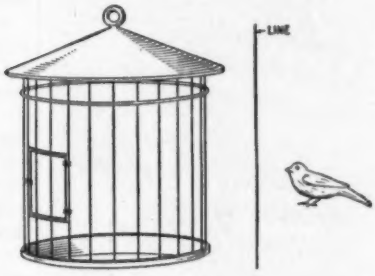
Probably few parents realize the injury to personality that dental deformities may inflict on their child. Among grammar school children with an affinity for name-calling, "Tusky" or "Longjaw" may single out Johnny for harmful ridicule. And during adolescence, with its maturing friendships, deformities may be a grave barrier. It may be impossible to overcome unfortunate personality changes brought on by such a handicap during formative years.

Orthodontists are performing miracles in remolding personalities as well as mouths. Johnny is no longer destined to go through life with a deformity which is "just one of those things." Parents today enthusiastically view the progress of orthodontics as they watch the miracle take place in their own child's mouth.

TRICKS THAT TEACH

A suggestion we hope you find interesting, useful

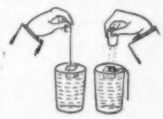
There's a scientific explanation for almost every trick. And since young people have such fun doing tricks, you probably will be interested in knowing about those collected by Columbia University's Prof. Lynde. For they not only have full directions and descriptive sketches but also easy-to-understand explanations. Here are four of his tricks.



1. How to see a big, white ghost. Gaze steadily for one full minute at the white mouth of this black ghost. Then look steadily at one spot on white wall or ceiling. A white ghost appears, fades and appears. GHOST *is caused by retinal fatigue—the "why" of which Prof. Lynde interestingly explains.*

2. You can't do this trick. Stand with your heels and shoulders against the wall. Drop a handkerchief on floor about a foot from your toes. Try to pick it up without moving your feet or bending your knees. IT'S BALANCE *vs. your center of gravity as Prof. Lynde shows.*

3. Try to lift an ice cube out of a glass of water with a loop of string. It can't be done. Now, lay the wet loop on the ice cube and sprinkle it with salt. After 2 or 3 minutes, lift string and lift the ice cube, too. THIS IS FASCINATING PROBLEM *in changing temperatures, which Prof. Lynde makes clear.*



4. Bird enters cage. Place an envelope upright on line. Place your nose and midforehead against upper edge of envelope. Look at bird with one eye and at cage with other. Bird appears to enter cage. YOUR BRAIN *fuses the two images. Prof. Lynde's simple explanation tells how this is done.*

If further interested—Prof. Lynde's tricks, with scientific explanations and descriptive sketches, are published in three volumes, SCIENCE EXPERIENCES *with Home Equipment*, SCIENCE EXPERIENCES *with Inexpensive Equipment* and SCIENCE EXPERIENCES *with Ten-Cent Store Equipment*. $2.00 each. If not in your library or bookstore, write to INTERNATIONAL TEXTBOOK CO., Scranton 9, Pennsylvania.

Tricks 1 and 4 are found in volume three; trick 2 in volume two; trick 3 in volume one.

Young people just naturally enjoy chewing delicious WRIGLEY'S SPEARMINT GUM. It's always a treat—a wholesome treat, too. The refreshing, tasty flavor satisfies yet won't hurt appetite. And, the pleasant chewing helps keep teeth bright. *Try it.*

AG-52

THAT ANNUAL HEALTH CHECKUP?

Some people visit their physician for a yearly health examination on their birthday—it's easy to remember—and thereby frequently forestall development of a tendency to an illness which would become increasingly difficult to handle later.
Here are pamphlets which may prove helpful in estimating the value of a regular health checkup to you and your family.

What Is a Health Examination, Anyway?

By Haven Emerson. 16 pages. 15c.

The importance and value of periodic physical examinations. Revised edition.

If I Keep My Health

By W. W. Bauer. 4 pages. 15c.

Why the periodic examination is good business.

Please remit with order

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn Street, Chicago 10

Why Hibernate?

(Continued from page 20)

and packing that day while the children sweltered in starched clothes and Clarence decided to rotate his tires.

The outdoors is enjoyable and can be enjoyed. It will lead to more healthy relaxation and peace than all the sleeping pills and bromides you can take. People totally unused to camping try it in company with a seasoned camper and are converted for life.

A few years ago Ed, his wife and their teen-age girl joined us in camping at a wilderness lake an hour's drive away. My daughter was five. We live on a lake and there is a canoe right under the window. But we live in a house. It has telephones, television, daily mail service and neighbors. I like all of them. But I need to get away from all of them at times. So we formed the habit of leaving sometime Friday and returning late Sunday.

There was no more hustle and bustle than if we'd planned to spend the week end at home. We had a camp icebox for our perishable food. We took the things that we'd eat at home—pot roast, chicken, steak, meat loaf or the fixings for a stew. We put butter in covered refrigerator jars and carried milk, cream and bacon the same way. Our camp gasolene stove is as quick and as easy to use as the one in our home. Our milkman loaned us a sterile five gallon can to carry pure water, and we carried two more gallons in a refrigerated jar that gave us cold drinking water all week end. If you peeked in the trunk of the car you'd find canned goods, potatoes and onions, fresh vegetables and the usual staples, including an assortment of herbs, cans of lemon juice and packages of dried fruits and raisins.

Ed's car was similarly loaded. In addition he carried a form-fitting trailer that would just hold him and his wife (if they didn't put on too much weight). His daughter slept in the station wagon they drove. Our family slept in a bed tent we carried on top of the car and the baby slept in a jungle hammock.

Our friends, of course, heard of our expeditions. Jim and his wife, their children and grandchildren were next to join us. They had improvised paratroop tents to their needs.

Henry and his four youngsters then entered the scene. He and his wife slept in their car, which had been converted so two bunks could be made up. The kids slept on cots, protected by a tarpaulin windbreak. Our children's playmates coaxed us and their parents for a chance to go camping; other friends ventured out, stayed one day and frequently were right back the next day, this time prepared to spend the night. Ted, an internationally known specialist, brought his family and found the tranquility he'd been seeking all over the world just a short drive from home. Ake, a consulting engineer to dozens of foreign governments and traveler to many faraway places, was amazed at the peace and relaxation he found.

To paraphrase a famous saying, "The family that plays together—stays together." There is more than 26 years of happy married life back of my wife and me. Three of our children are grown, married and have or expect children of their own. They had the same upbringing the current seven year old is getting. Before they could walk we cut holes in a knapsack for their tiny legs and carried them over the trails. We visited the oldest at his distant home recently, and you know how he celebrated? He took Grandpaw and baby 'Rene on a picnic!

My wife and I would like to have another happy 26 years together. To help us stay healthy in body and mind, we seek the outdoors. Let me give you one more illustration from real life.

I have a good friend who is a doctor. Because both his father and brother died of cancer, he expected to die of cancer. To leave his wife and daughter as large an estate as possible, he's kept his nose pretty close to the grindstone and his practice has grown to the state where

it is really more than one doctor should handle.

He began to have disturbing pains in his abdomen. He called me long-distance to reiterate his statement that I was to fall heir to all his outdoor equipment (which he now had no time to use). He told me he was going to the clinic for an all-over check—but he was sure of the answer already. In fact, I might as well come down and start packing stuff right now!

Three days later I got another telephone call. The only thing the clinic found wrong with him was some gas pains caused by a sluggish bowel from his sedentary life. I could hear the relief in his voice and I could imagine the gleam in his eye as he told me he and his wife were going to the mountains for three months. They were going to walk shady paths beside brooks and just listen to the happy gurgle of the water. They were going to ride rocky mountain trails and drink in the beauty of the land spreading out below them.

He said another thing that made sense. They were after relaxation, so they weren't going to load the car with a lot of junk. They'd take jeans, blouses and sweaters and maybe a couple of "dress up" outfits. They'd depend a lot on seersucker materials that didn't need ironing—they could rinse them out in a brook, hang them up to dry and be clean again with no labor.

I saw him when he came back, and I never saw a more changed man. And I know his wife relished those three months of companionship more than she would have a few more figures in the bank book, and a few less years with her husband.

You don't have to go to a Rocky Mountain dude ranch to enjoy outdoor relaxation. In every state there are parks and campgrounds arranged for your convenience. Or you can buy an inch-to-the-mile county map from your state highway department. Every creek, pond, forest and side road is plotted on it and, in rural sections, every house and outbuilding. I found some of the best trout fishing I've ever known that way, and a lovely campsite inches deep

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in pine needles beside a cheerful waterfall.

Go over a state map and look for open spaces; write your state highway department for a map of that county. Then go over the map and look for a little wiggly stream coming out of or going into a pond with no houses or roads shown near.

The first trip out, go light. You're exploring. Take what you need for a couple of good meals in the car and drive as close to your secret brook as you can. There's a thrill for the whole family in cross-country exploration. Find your brook? Like it? Here's another challenge to your pioneering—find a way to take the car in. Then you can carry camp chairs, a folding table and everything you need to make you as comfortable as you are at home, with none of the irritations.

If you're going to stop at a public park, choose a campsite away from where other campers will congregate —the open-air plumbing, including the pump. You'll find that cars full of new arrivals getting in after midnight, and the rattle of pots and pans and the banshee-like wail of the pump and the chatter of happy campers are not conducive to rest if you've already hit the sack.

You don't have to build yourself up to a stroke getting ready, as Annalee was fast doing in the opening paragraphs. You'd have to eat if you were home, and you can eat the same things in the woods, only usually more of them. If you don't have a camp icebox you can wrap food, butter and cream in waterproof refrigerator bags and put them in a large covered pot with ice cubes. Canned corned beef, ham, chicken and other meats require no refrigeration.

It's a lot of fun to plan to live off the land, too. Fish are obvious food, but how about those fresh water mussels? We carry a meat grinder and grind them with raw bacon, simmer in butter and then add a little milk, canned tomatoes and diced potatoes. Thyme and celery salt come out of the herb basket. We carry a pepper mill and grind pepper fresh for each meal, just as we do at home. This combination takes the chowder championship away from the clam.

Or prawns! Did you know the prawn or crawfish is one of the only two "game animals" protected in Sweden? So great is the Swedes' love for the prawn that the government must protect it or see it exterminated. You boil a prawn as you would a shrimp. It can be eaten with melted butter as you would a lobster, or it makes a delicious "shrimp" salad.

The big turtles in the ponds will make a soup equal to the expensive green turtle soup so loved by epicures, and have you ever tasted a flour-thickened squirrel stew? Even the gravy is enough to bring a gustatory sigh.

Vegetables grow all around you. Dandelions are good for salad or cooked greens; watercress grows in cool streams. Try the leaves of cowslip for cooked greens and fiddlehead ferns for a salad. Under the marsh cattail are edible tubers, and if you ever taste real wild blackberries, you'll lose all desire for the insipid cultivated ones.

When you read about people who are lost and then rescued, emaciated and nearly starved, you can be surprised as we were when during the last war a crashed Canadian flyer was rescued nearly dead from thirst. Yet, backtracking him to his plane, we found he had passed within sight of seven windmills! And each windmill was pouring water into huge stock tanks.

For a modern example, when Dr. Ira Gabrielson was in the West collecting specimens of wild life, his reputation as a cook spread far and wide; particularly for his "Graubit Stew." Sheepherders and prospectors travelled miles for a bowl from the constantly simmering pot. Legend

Dog Wise

Boys get a swat
On the you-know-what
When caught amidst great misdemeanor.
Pups, I confess,
Seem to possess
An insight that's much, much keener;
Having savored a shoe,
A lamp shade or two,
Or shortened the pants to a suit,
Wagging tail and innocent eyes
Point out the damage for me to surmise
While I murmur, "Now, isn't he cute!"

Anna Katherine Prommel

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said it got its name because it was half grouse and half rabbit, but all who ate it pronounced it delicious. Actually, being a thrifty man, Ira couldn't waste the carcasses of the woodpeckers, gophers and mice he was skinnning, and they became the basis for the famous and tasty stew. There were Indians in the Rockies who called mice "big game" and lived on locusts, grasshoppers, sugar ants and the like. It is our ignorance and lack of imagination and not food value of things in the wild that makes lost people come out starved.

Since we're out in the woods to capture peace and tranquility, discipline with children is important. Certain rules must be set up, and if the penalties are sufficiently severe, *and are enforced at the first infraction*, this is not a burden on either adult or child. Around water, the child is forbidden to go in the water alone and, unless supervised by an adult swimmer, not beyond the knees. The child is notified of a severe penalty for any infraction. So far, with the dozens of youngsters who now comprise our week-end group, we have never had a violator. The children themselves check an impetuous or thoughtless playmate if the water covers the kneecaps. No child may leave the site of the camp without informing an adult where he is going and receiving permission.

Among the grownups, we have our own unwritten rules. No tent is pitched closer than 100 feet to another. As a usual thing, we camp in a big circle with a community bonfire in the center in the evenings. The first up go about their work of breakfast quietly until the others wake up naturally.

There is no set hour for meals. Each family, or even each person, eats when he's hungry. There is a good deal of visiting around during these irregular mealtimes, and I have seen the time Ed was eating breakfast while I was cleaning the fish I'd caught to make my lunch. There is no compulsion, no rush, no schedule, nothing to irritate.

The formula for a properly conducted outing is no fuss to start out with, and no fuss while you're there. You get up with no definite plan. If you're in the mood for fishing, you fish. You may want to indulge in a little plinking or target shooting, or, in season, hunting. Maybe the clouds invite you to lie on your back and imagine them as castles or huge white sails and let your fancy wander as it will. If you're quiet you can hear the wildlife discussing your presence. Robins will give their danger cry, "cat! cat! cat!" when you

first arrive. The calls will get lower and less frequent as you make no overt move. Now, get up and walk toward one. The call will go up in frequency, tempo and volume, until you again soothe the robin into forgetting you. In time the wild things will ignore you entirely. I've even had chipmunks come down and nibble at my hair, testing it as a possible nesting material.

In the solitude you'll hear the birds singing to announce their boundaries. The little wren will climb a limb near his nest and hurl his mighty voice to the world. In the distance, just audible, you will hear another wren answer. Each is proclaiming his sovereignty over all the woods within sound of his voice.

Late fall or early spring offers few problems of comfort. We prefer wool for clothing, for wool is one material that feels warm even if it's wet, as the dew on the branches in early morning is apt to make it. We carry a shelter half which we put straight up between two trees for a windbreak. We have a thin folding saw that will go in your back pocket—yet a half dozen cuts will go right through a six inch log. We pile up some green logs for a backlog and build a fire to reflect its glow to where we rest, protected by the windbreak. With a good bed of glowing coals, wind has absolutely no effect on the radiant heat, and we

keep the fire small so we can get close to it and enjoy it.

A stone crock of beans buried under the night's campfire becomes real bean-hole beans the next day. And, of course, before you got dignified, you baked potatoes in the fire and got the carbonized skin all over your hands and face, didn't you? Try it again. The youngsters will toast marshmallows and pop corn, and someone will bring out a banjo or a uke and you'll play and sing the old songs while the seven stars and Orion wheel in their endless path above you.

Given strict orders and responsibility and finding themselves a part of adult activity, even the most diffident or difficult child quickly becomes poised and well adjusted. Without the constant heckling that parents unconsciously indulge in around home's confinement, the child possibly for the first time, sees his parents as desirable cooperators and not more or less tyrannical people. The family plays together. It stays together.

These outings are simple. Possibly some cynical folks would consider the pleasure "corny." But they do have therapeutic value for old or young. Everything you need for health and complete comfort you take with you, and you can leave your troubles and cares behind!

And now, as an extended footnote, I'd like to pass on some of my favorite crisp weather outdoor recipes and a few hints to make your camping successful.

Steak Sandwiches. Get a thick cut of sirloin tip, about ½ pound per person. In an iron skillet heat some olive oil until it smokes. Drop in steak, and sprinkle copiously with salt seasoning such as Lowry's or Durkee's (a mixture of garlic, celery salt, paprika, black pepper and that sodium glutamate that makes everything taste better). Cook at high heat on one side until dark brown. Put fork in the fat and flop steak over, again sprinkling with flavor salt and a liberal sprinkling of oregano. Butter some slices of Italian bread. When meat is cooked, put on cutting board and slice thinly *with* the grain. Place on bread, and Oh, Mama,

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Mama! A green salad is all you need to go with this.

Ham and Potatoes. There are two ways of doing this, and I don't know which is best. It is my oldest boy's favorite meal after a long paddle and portage. I use a slice of smoked ham about an inch thick. Cut the fat at the edge with radial strokes to keep the slice flat in the pan and fry it until the fat is well fried out. Now, here is the parting of the ways; you can add a cup of milk and some flour and stir into a thick creamy gravy to spread thickly over potatoes boiled in their skins, or you can cut some raw potatoes and onion, about 50-50 and pan fry them brown in the gravy. I like canned tomatoes cooked with crusts of bread, a dab of butter and salt and pepper with this. A rice pudding with raisins tops off the meal.

Fish au Gratin. With small pan-fish too bony for enjoyable eating, or leftover cooked fish, we have a specialty even our non-fish-liking friends enjoy. We cook the fish, either by boiling or frying and separate the flesh from the bones and skin. We put a layer of fish in the bottom of a covered saucepan with a little milk, then a layer of grated store cheese, dots of butter and Worcestershire sauce. Then more fish and cheese layers until the quantity is used up. Bake until cheese is melted and serve. Coleslaw or a salad with apples and raisins is good with this.

How to Cook Canned Vegetables. The canner has spent a lot of time and energy cooking his vegetables to a delicious turn, and when you put them into a saucepan and cook them some more, you have a tasteless mush from which a lot of the nutrients, particularly vitamins, are gone. To heat your canned food, punch two holes in the top of the can and pour all the liquor into a sauce pan. Add butter, salt and pepper and cook until reduced to one half the original volume. Pull pan off fire, open can and dump in contents, tossing in the hot juice. They'll taste like garden-fresh vegetables.

Things not to forget for Wilderness Picnics or Camps. Toilet Paper. Can opener. Soap and towels. Pads for grasping hot pans. Matches. Large candle to help in starting damp wood, or make woodsman's torches as follows: Boil newspaper in paraffin and tie in bundles about an inch around and half page long; cut off a piece and put in fire for starting damp wood. A bug bomb. Put shortening and butter in covered refrigerator dishes or mason jars and all cornmeal, flour, dried milk, oatmeal, biscuit mix, salt, sugar, split peas and similar staples in cloth bags with drawstrings. Take raisins, prunes, apricots, canned lemon juice, rice, cinnamon and so on for tasty, energy-giving snacks.

Your Town Can Have a School Lunch Program

(Continued from page 31)

F.D.A. any community can work out a school-lunch program to meet its particular needs and facilities. In every community that now has a program, the results are gratifying. In one instance, an undernourished boy in a Middle Western school gained 25 pounds during one school term. Physical fitness and consequently mental alertness are fostered by the daily hot, well-planned school lunch. Prominent health authorities agree that underfed children are unable to do good work in school. It is a matter of record that, in most schools where hot lunches are served, school work improves. Because fewer children get sick, attendance steps up. One school reports an eight per cent increased attendance; another 11 per cent and still another 15 per cent. Teachers testify that well-fed children behave better; they are not so restless, irritable or quarrelsome as undernourished pupils. Eating together makes for improved table manners and cultivates a taste for unfamiliar foods. A child sees his classmates eating a new food, so he follows suit. Finally, a school lunch program enables children to learn about diet and nutrition. When they report what they have learned to their parents at home, the result is often better meals for the entire household.

Hand Care

(Continued from page 33)

of products with too few facts to guide our selection. Most of us use the fragrance and feel of a product as a basis of choice. We are not in a position to determine relative emollient properties. Those who have excessively dry skin can be certain of good emollient properties in toilet lanolin of which there are several brands. Each varies somewhat from the other but all have high concentrations of lanolin. At least one has as high as 90 per cent lanolin. You may not find these products satisfactory for use during the day because they leave the skin greasy. But they are excellent for application before retiring. For maximum efficiency apply generously, massage for a few moments, then leave the excess on the hands during the night. Wear cotton gloves to protect the bedclothes.

At least one cosmetic firm markets a regular hand cream and a night cream. The texture of the night cream suggests that it has a higher percentage of lanolin than the regular hand cream. The formula in many hand creams has a vanishing cream base with stearic acid as a main ingredient. Glyceryl monostearate, glycerine, cetyl alcohol, mineral oil and lanolin are some of the other ingredients. The addition of the emollients removes any fear that the vanishing cream base would harm dry skin. Products similar to this have been sold for many years with only an occasional complaint. The history of use in conjunction with what we know about each ingredient establishes the safety of these creams for the average person.

Hand lotions serve much the same purposes that hand creams do. Though there are almost as many different formulas as brands, certain types of ingredients are found in all. Chemicals like glycerine give the skin a nice "feel." For mucilaginous properties, quince seed, Irish moss, or tragacanth are popular. Various oils, fats and waxes are important for emolliency, and emulsifying agents are added to prevent the mixture from separating in the bottle. Hand lotion formulas are often complex, but like hand creams their long history of safe use and generally innocuous ingredients support their harmlessness for the average person.

If, in spite of protective and preventive measures, redness, roughness or worse persists, a physician should be consulted. Perhaps these symptoms are a manifestation of sensitivity to one or more of the ingredients in your cleansing agent, or to some other chemical you are using. In any event, chances are these symptoms will not disappear until the sensitizing agent is eliminated from use. The guilty substance is most often discovered by patch tests. A few years ago, severe dermatitis was unusually common among beauticians. Cleansing agents were suspected, but closer study showed that cold waving solutions were responsible. These solutions will not cause irritation in the average woman who handles them infrequently, if the skin of the hands is unbroken. The situation is different with a beautician whose hands are usually quite depleted of protecting skin oils by constant exposure to one detergent or another. In this condition the skin is particularly vulnerable to potential irritants and sensitizers. Obviously the determination of the cause and treatment of such dermatitis is a medical problem and must be handled by a physician.

Properly cleansed and protected hands are essential for hand beauty. In addition to cosmetics that beautify indirectly, we have cosmetics intended solely to promote attractiveness. Examples of these are nail enamel, nail white, hand cologne and perfume. Whether or not we use these, one thing is certain: We have a number of effective preparations for cleansing, protecting and just plain beautifying the hands. If your hands are a problem, study each of these phases more carefully; you may find an answer in the proper use of these cosmetics.

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Are Chemicals Poisoning Our Food?

(Continued from page 41)

nancial interest in any food, drug or cosmetic business. Most manufacturers contemplating the use of a new chemical freely consult the Division of Pharmacology. They present their research plans for advance scrutiny and amend and enlarge them if they do not meet the division's rigid ideas of adequate tests. When the tests are completed, they present their results to the government scientists for careful review. Objection to the use of a chemical is always made if there is any suspicion of danger. It is rare indeed that a manufacturer ignores the division's disapproval. If he does, the division makes its own independent study with legal action by the Food and Drug Administration in view in case the suspicion of toxicity is confirmed.

While it is reassuring to know that the careful producer takes no chances with consumer health, the Food and Drug Administration has had to take drastic action on some occasions. Some years ago, monochloracetic acid was proposed as a preservative for wines and certain other foods not amenable to heat sterilization. The Division of Pharmacology satisfied itself that this chemical is a poison and the administration warned against its use. Notwithstanding this warning, monochloracetic acid was used extensively in certain wines and other foods. The administration instituted a drastic seizure campaign to remove these adulterated articles from the market.

"She'll be back after a quick snack—and I strongly suspect she's here for a guaranteed diet."

Another episode occurred when a packer used thiourea in a pack of frozen peaches to prevent darkening. An alert Food and Drug Administration inspector discovered it before any of the fruit had been consumed. When samples of the peaches were fed to rats, the animals promptly died. The peaches were seized and destroyed. The point is that the packer was entirely unaware that thiourea is poisonous. He made no advance tests.

Careful food manufacturers agree with the Food and Drug Administration that the obligation for careful pretesting should be placed by law on the firm that proposes to use a new chemical and should not be left exclusively to the producer's conscience or natural caution. This is also the thinking of the Delaney Committee. Witnesses representing a large part of the country's food industries testified almost unanimously in favor of such an amendment to the law. Consumer thinking cannot be better summed up than in a resolution presented to the committee by the General Federation of Women's Clubs. In substance, it says that non-nutritive ingredients should not be added to any food product unless the addition serves a useful purpose to the consumer and then only if they have been certified by the Food and Drug Administration to be noninjurious, nor should any such proposed ingredients be added if they are to be substituted, in whole or in part, for natural food elements.

The federation has a sound platform. Fortunately we have in the drug sections of the Federal Food, Drug and Cosmetic Act a ready-made pattern for a workable amendment. In 1937, a shocking tragedy resulting in more than one hundred deaths occurred when a drug manufacturer marketed a highly poisonous medicine without proper preliminary tests. Congress reacted promptly by

incorporating a "new drug" section in the law which was then approaching final enactment. No new drug may be sold in interstate commerce or imported until conclusive evidence has been submitted to the Food and Drug Administration that the drug is safe when taken according to directions. In the 14 years since this new drug provision was enacted, many thousands of new drugs have been developed, including the sensationally effective sulfa drugs and the antibiotics. None have been permitted to go on the market until their safety when taken according to directions has been established to the satisfaction of the medical specialists of the Food and Drug Administration. Drug manufacturers have cooperated loyally in observing the requirements of the "new drug" section. They know it safeguards the public and insures the manufacturer against tragedies like that of 1937.

In the same way, a "chemical additive" section applicable to insecticidal residues and other chemicals on or in foods will not only protect the public; it will insure the careful producer against the universal consumer suspicion that is likely to rise because of the sins of an occasional careless competitor.

The House Select Committee to Investigate the Use of Chemicals in Food Products approached its task in a serious-minded, nonpartisan way. Its inquiry covered a wide field, and it listened to the testimony of a large number of competent scientists. It also listened to the views of some earnest witnesses who, despite obvious sincerity, appeared to be completely out of step with the best scientific knowledge obtainable. In its report to the House of June 30, 1952, a majority of the committee recommended "that the Federal Food, Drug and Cosmetic Act be amended to require that chemicals employed in or on foods be subjected to substantially the same safety requirements as now exist for new drugs and meat products." Chairman Delaney has himself pointed out that consumers, particularly through organized groups, can aid, as the General Federation of Women's Clubs has done, by making their wishes known to their congressmen.

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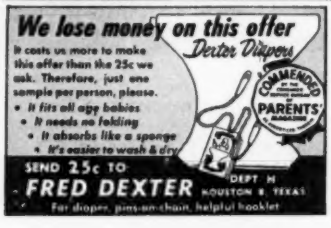


Is the Atomic Age Unfit for Babies?

(Continued from page 23)

six died 35 years ago. Now that antibiotic drugs are proving their effectiveness in combating all types of pneumonia, even virus pneumonia, the toll is certain to grow less.

The death rate from the principal communicable diseases—scarlet fever, diphtheria, measles and whooping cough—for the five year period, 1946-1950, was 90 per cent less than for the similar period from 1911 to 1915.

Just as these dangers of childhood have been beaten back, so in considerable degree have the dangers of birth and babyhood. Recently the American Medical Association reported that, for the nation as a whole, the infant mortality rate had been cut to one death in 1000 births compared to 6.2 deaths as recently as 1933. Again, antibiotics can share the credit with better hospital care and better trained physicians. And now sober doctors make the fantastic prediction that it is possible infant mortality will be so reduced that 9999 out of each 10,000 children born will live.

Yet scientists see these advances as only the beginning in assuring not only a far happier, healthier childhood but a much more worthwhile life. Today many young men hesitate to spend the years essential to prepare for some of the more learned professions. But when they can look forward to an average life of more than 80 years or more, there will be little reason for such hesitancy. Scientists foresee babies born today living vigorously healthful lives because they will have escaped the attrition of the many diseases which sapped the strength and burned away the vitality of so many of us alive today.

In areas aside from health, the century ahead promises to be by far the most exciting man has ever known. Only recently, steps have been taken to extend atomic power into industrial fields. As such power becomes widely available, it is so certain to increase leisure and income that such prominent educators as Dr. William F. Russell, president of Teacher's College at Columbia University, are planning now to educate the coming generation to use leisure wisely.

"It can be assumed with confidence that as we go deeper into the atomic age, government on all levels will make public recreation a major objective," Dr. Russell says.

As a result, he sees the need for emphasis on more education in many diverse fields such as painting, photography, modeling, design, embroidering, needle point, acting and the other arts of the theater, sports, stamp collecting and other subjects which help in living a richer and fuller life.

Just as the atomic age can assure more leisure and more income, so can it provide easier, faster and far less costly travel. In generations past, a trip to Europe was entirely out of the reach of the great mass of us. Today the two week vacation to Europe is becoming commonplace. Children born today will live to set out on trips to any corner of the world, perhaps on atom powered ships, as casually as we drive to the next state, transport experts say.

In the field of education, children not only get far more enjoyment out of schools than their fathers but they learn more, any number of tests reveal. A. R. Mead, Director of the Bureau of Educational Research at the University of Florida, in a recent study compares the rule by brute force of the poorly prepared teachers from 1870-90 with the teaching by the trained teachers of today. The tests reveal that students of today master "the three R's" *better* than their fathers. But also they are well grounded in health rules, appreciation of music and art, the use of library and other community services and—above all—how to get along happily with themselves and their fellows.

Yet teachers today feel they are only on the threshold of mastering the improved educational techniques being opened up to them as the relatively new science of psychology offers more and more insight into the workings of the human mind.

Should you have a child today? By all means. Never before has a parent been able to look forward to

so much for his child—glowing health through many decades, far more leisure, vast educational opportunities, greater material wealth and the most exciting era of all history in which to live. And not least—the fruits of an amazing generation of progress in understanding human beings assure that he can be a better parent, and that his child can grow up into a better, and happier, husband or wife.

Truly the baby born today—in the atomic age—is favored by fortune to a degree beyond all belief a generation ago.

Cataract

(Continued from page 25)

performed when the patient's visual impairment is great enough to require return of eyesight. The operation is as safe then as later and the patient is younger and therefore sounder in mind and body.

Another question often asked is "Can I inherit cataracts?" In children born with cataracts heredity does play a role, but in adults it is not a direct factor. Some people may live ten or 20 years longer than others. Just as age causes hair to whiten, skin to wrinkle and arteries to harden, it may lead to cataract.

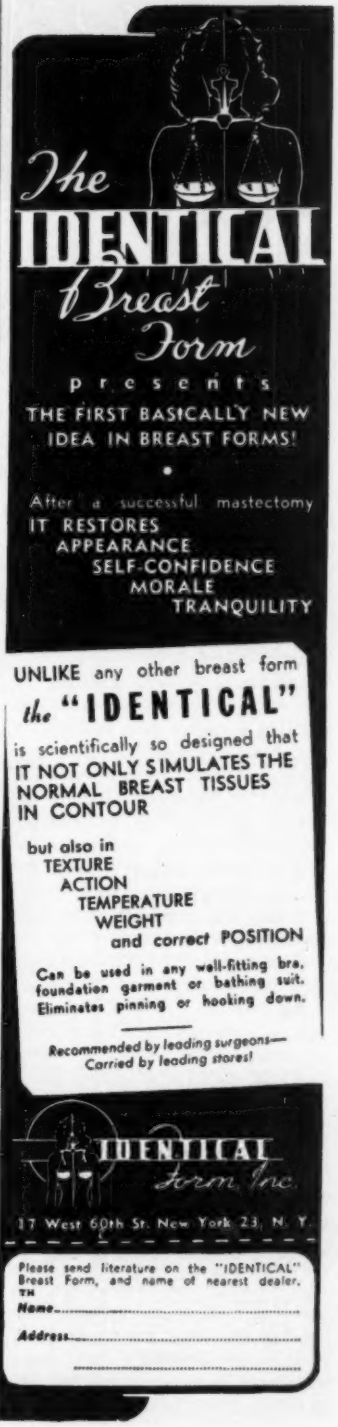
Maintenance of good health through the years is the best protection against all eye disorders including cataract. A well planned diet including adequate vitamins is important. Periodic health examinations are essential to detect any illness that may impair the general health and influence the formation or hasten the spread of cataract.

How long does it take before a cataract fully obstructs vision? In general, cataracts mature or ripen faster in older people; then the process may be completed within two years. In younger people five or ten years may be required. Diseases of the body previously mentioned undoubtedly hasten the advance of cataract. Fortunately, the spots in the lens seen by the eye physician as the earliest sign of cataract, can remain stationary for many years so that removal by surgery need not be considered.

Secondary cataract may be produced by causes in the eye itself, or as the result of diseases of the rest of the body. Within the eye, glaucoma or pressure inside the eyeball, hemorrhages, and detachment of the retina should be mentioned. General diseases that can impair or destroy the visual function are diabetes, high blood pressure, nephritis or kidney afflictions and arteriosclerosis. In contrast to the primary, uncomplicated or senile cataract, where perfect vision is obtainable after operation, the surgical outcome in secondary or complicated cataract is related to the visual damage induced by the previous eye disease. In other words if the eye was blinded prior to cataract formation, removal of the cloudy lens by surgery cannot relieve blindness. However, if some vision was present before the obstruction occurred, then this amount of eyesight may be restored if an operation is deemed advisable.

Patients have often asked me, "Why did my grandfather have two operations for cataract?" With modern techniques the first or preliminary operation that Grandfather had is performed only in exceptional cases. Research has proved that elderly patients do not tolerate the strict quiet and prolonged hospitalization formerly demanded of them. Today more skilful and painless surgery assures quicker recovery and a shorter stay in the hospital. The preliminary operation is now usually reserved for patients with only one eye or in complicated cases where extreme caution is necessary. Your eye surgeon is in the best position to make this decision.

Time has healed many of the wounds made by the ancient medicine men. Thirty-five hundred years ago they pushed the cataract down with a needle until it was displaced below the line of vision. Two hundred years ago a proper method for cataract removal was devised. In recent years many improvements have been made so that now the operation is entirely safe. No longer do we couple cataract with blindness. Today we know that cataract merely means that a cloudy lens is blocking vision. To permit superstition and surgical fear to block removal of the obstruction would needlessly destroy the opportunity to know again the joys of a full life.



by ELIZABETH B. HURLOCK, Ph.D.

Teasing and Bullying

TEASING and bullying stem from the same cause, a sense of personal inadequacy. They give satisfaction because, temporarily, the tease or the bully has the upper hand. A tease is a person who inflicts mental pain on others as a means of inflating his ego, while the bully gets the same satisfaction from inflicting physical pain, ranging from pulls and slaps to burns, broken bones and other forms of torture.

Sometimes children discover by chance that it is fun to hurt others and that it makes them feel important. But most cases develop from imitating parents, brothers and sisters, neighborhood friends or "heroes" on screen or air. Once the child discovers the satisfaction he gets from such behavior, he is not going to drop it voluntarily. Unless he is stopped, he is likely to keep on for the rest of his life.

Teasing generally takes the form of ridiculing another child because of his looks or immature behavior, especially when he runs home crying to mother with a tale of woe. It may also take the form of poking fun at something the child says or does, and the way he says it or does it. As a child reaches adolescence, his teasing may take the more subtle form of criticizing what the other person says or does.

Bullying, by contrast, is a type of practical joking where the person who is bullied is the victim of someone larger, stronger or older, who can get and keep the upper hand. Pulling hair, pushing a child into a puddle of water or a pile of dirt, pinching, hiding from sight and then jumping out and scaring the victim, locking him up in a room or closet or "club," sometimes, and making away with his clothes, are just a few of the common ways in which children bully other children.

Naturally there is more ego-inflation for the tease or bully if he has an audience. As a result, most teasing is done when others are present and most bullying takes place when there is a crowd. This gives rise to a mob psychology with each member of the crowd lending a hand in making the victim squirm.

Since teasing and bullying not only make children unpopular but develop habits that will be great social handicaps when they grow older, the sooner these unsocial forms of behavior are nipped in the bud, the better. Here are some suggestions that will help to put an end to them:

1. See to it that the child has adequate sources of satisfaction from his achievements, from the love and understanding of his family, and the companionship of children of his own age and development. Only when a person can feel adequate and secure within himself will he be willing to abandon satisfaction at the expense of others.

2. Don't ignore teasing and bullying on the grounds that they are normal, childish ways of "having fun" and that the child will put them away with other childish things. They are not normal, in childhood or any other age, and chances are that the child will not outgrow them. Unless stopped, they will eventually give so much pleasure that finding a satisfactory substitute for them will be almost impossible. Furthermore, a bully may actually injure others, and certainly he will make himself unpopular.

3. Explain to the child that picking on others who are smaller than he or incapable of defending themselves is unsportsmanlike. There is no surer way of making your appeal strike home than to touch the child's sense of fair play and his desire for acceptance by his contemporaries.

4. Don't punish him for teasing and bullying until you are sure he knows what he is doing and why it is wrong for him to hurt others. Very often, a child does not actually know what he is doing when he starts to tease or bully. It is just fun for him, with no conscious attempt to hurt another. Then, when he sees how his victim cringes, he may be carried away by the excitement of the occasion and do things which, in a calmer moment he would never dream of doing. Only after a few warnings that such behavior will not be tolerated should there be any punishment.

5. Avoid the "eye for an eye and tooth for a tooth" approach to the problem. In other words, don't do the very thing to the child that he has done to others on the grounds that it will help him to "know how it feels." This is basic, and it applies

On this page each month you will find a discussion of some significant phase of child development, from infancy through adolescence, with practical answers for specific problems. Address your questions to Elizabeth B. Hurlock, Ph.D., c/o TODAY'S HEALTH, 535 North Dearborn Street, Chicago 10.

to every field of behavior. A child's reasoning ability is incapable of interpreting such an approach. He is likely to become resentful and revengeful, and to feel that if you can do it, then so can he.

6. Segregate the child from other children, not from his victim alone, when he torments another child. Explain why you are doing it and don't forget to emphasize that you are trying to prevent him from hurting others, *and* making himself unpopular. A few incidents of this sort will drive home the lesson that he cannot be with other people unless he is willing to treat them as he would like to be treated.

7. Most important of all, never set an example of teasing or bullying in the home, whether the victim be adult or child, and never tolerate such behavior from a relative. It is better to hurt a relative's feelings by putting a stop to it than to allow a child's personality to be distorted. This, of course, does not mean that there should not be fun, gaiety and a sense of humor in the home. Rather, it means that the fun should not come at the expense of others, especially at the expense of children. Parents can set a model of fun that does not derive from mental or physical pain inflicted on others.

Questions

DRINKING FROM BOTTLE. When my son was two years old, I took away his bottle. For the past few months, he has started to take away the bottle from his ten month old brother. Even when I punish him, he continues to do this. Now my husband is tired of scolding and punishing the boy so he has allowed him to have a bottle. Who was wrong?

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Have You a Health Conscience?

(Continued from page 13)

have a doctor say you're all right."

This young woman had been examined by a school doctor every year for her 12 years of schooling, but the experience had not impressed her sufficiently for her to recognize its desirability. Her knowledge of health and her health conscience had not been developed through the routine nor her practices affected.

Undoubtedly certain health practices, of value once unrecognized, are now all but universal—for example, childhood immunizations and pasteurization of milk. These, however, are public health measures, and the individual conscience is but slightly involved.

The average adult is more apt to be negligent about his personal health, because he does not realize that here he has a duty to society as well as to his family and himself. Having left undeveloped the health sense we spoke of, he finds childish the idea of making his life conform to a theory of healthful behavior. Why not eat as much as you like and what you like while your teeth are good? You're a busy man—why not burn the candle at both ends and make up your sleep in old age? Why bother about fresh air and sunshine—isn't there an ultraviolet lamp or something?

Again, there seems to be a natural aversion to admitting illness, and this keeps many a man or woman from seeking the advice of the physician until the trouble is well advanced. Apathy enters into it, ignorance is partly responsible and sometimes just pure cowardice is the main deterrent.

Many of the conditions which cause illness and death could be prevented by proper diagnosis and treatment if discovered early. Needless anxieties caused by suspected disease could often be assuaged by medical attention. A woman with several college degrees was disturbed because of a suspicious lump she had discovered in one breast, but let a year go by without doing anything about it. After observing a cancer exhibit, designed to reassure and urge early examination, she was stimulated sufficiently to seek advice. A specialist diagnosed the growth as unimportant, removed it under local anesthetic and stood by until the indispensable laboratory examination made the reassurance absolute.

Surely somewhere along the line this woman should have been so impressed with the importance of scientifically sound health knowledge as to recognize its value and save the months of unnecessary anxiety. Again, a health conscience had not been developed.

Failure to seek a health examination is often attributed to cost. Yet one large insurance company abandoned its offer of annual free health examinations to a certain unit of its policyholders because such a small proportion took advantage of the service.

The habits of healthy living taught in the modern school—varied and adequate diet, sufficient sleep, exercise, recreation and mental hygiene—should play a vital part in the development of a healthy mind and body. Excellent health texts, now available in practically every school, prepare students to repeat facts about the body, its functions and its care. But unless these books have been interpreted by imaginative, understanding teachers to capture the interest of the student, there is likely to be little relationship between his knowledge and his practices. If a health conscience has failed to develop, there is indeed a slim chance of a carry-over of this learning into adult life.

Fresh truths are discovered by scientists continually. Thus, health concepts taught in school during any one period may not all be facts the students should live by when they grow up. When new discoveries become established, the adult trained in scientific thinking will be alert to make his habits conform with them. This same capacity for adaptation—which can be cultivated in youth—should lead to a discriminating attitude towards statements made on radio or television, as well as those appearing in print. Some years ago

a prominent biological chemist published a book called, "New Knowledge of Nutrition," but it was only a few years before he found it necessary to issue a revised edition which appeared with the same title, stressing "newer knowledge." The true scientist does not hesitate to admit limitations of his knowledge at any given time, but not all educated men and women have sufficient respect for scientific health knowledge to base their beliefs and practices upon up-to-date, reliable information. "I read it in a magazine" is the comment often heard regarding health facts and practices of one kind or another and even about surgery. But who wrote the article? Is he an authority whose findings are acceptable to his fellow scientists? Any adult can learn the standing of an author, or of those so-called experts so often quoted by the radio announcer. "Prominent doctors approve" this or that article or practice should not be accepted as safe advice where health is concerned. Your health conscience should protect you from swallowing unsupported statements whole.

When a young professional man appeared one morning without the glasses his colleagues were accustomed to seeing him wear, he explained that he expected to cure his eye difficulty by exercise. He had read a magazine article and, without consulting the oculist who had prescribed his lenses, was taking the risk of experimenting. This man had been a student in grade and high schools, as well as in a great university, for a total of 16 years, but he had not been convinced during that period that there was a body of health knowledge upon which he could depend.

Some 30 odd years ago a wave of interest in putting health knowledge to work struck the public schools. The dry old hygiene lessons were brought to life, and the pupils learned to their surprise that there was something they could do about their own health. A health conscience was born.

This wave of interest has steadily advanced. It reached the high schools and passed on to the colleges and universities, leaving in its wake a generation more alert than ever before to its own responsibility for its own health. But education is a slow process. Not all students learned the lesson; some who did forgot it. And always there is danger of stifling that health conscience by neglect, by once more shutting knowledge and practice into separate compartments.

To the uttermost parts of the world —including the most underprivileged peoples—trained World Health Organization personnel are now carrying the message of sanitation and health. People are being guided to adopt health practices and help themselves attain healthy living conditions. This is a thrilling story and we as a people are fortunate to share with health workers of other countries in this important international endeavor.

Ian Stevenson said recently in *Harper's*, "Health is not thrust upon us but requires our active participation." The efforts of specialists in health and groups on local, national and international scale are developing a greater degree of health for more people than the world has ever known. There is, however, much greater promise for maximum health for a greater number through the development of a health conscience which will assert itself and put knowledge of health to work in the lives of all people.

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This is a new 16-page booklet, giving step-by-step directions for preparing baby's formula both by the standard method and also by the new terminal heating process. The book is well illustrated and authentic and also contains many helpful hints that will make baby feeding easier for the new mother or bring the experienced mother up to date on new developments in formula preparation. Presented by the manufacturers of **Evenflo** nursers. For a free copy circle number 105 on the Readers' Service Coupon.

106 New Sleep-in Garment

Trundle Bundle—scientifically designed sleep-in garment—allows baby the complete freedom of movement he needs to rest comfortably and safely. The baby sleeps within the blanket, not under it. No ties, tapes, straps, strings or pins to worry about. No water repellent lining to maintain moisture inside the garment. This prevents undue "soaking" of baby and helps maintain ideal body temperature. Trundle Bundle comes in four fabrics. You are welcome to an illustrated folder describing this item if you will circle number 106 on the Readers' Service Coupon.

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52/10

All Children Can Benefit from *this* Protective Hot Drink at Breakfast

In its widely distributed leaflet No. 268, "Eat a Good Breakfast," the U. S. Dept. of Agriculture states: "Summer or winter, there's something hot, as a rule, in a good breakfast. . . . Something hot is cheering and tones up the whole digestive route."

The problem of encouraging children to eat an adequately protective breakfast involves little difficulty when delicious Ovaltine in hot milk is given as the breakfast beverage. Many children clamor for a hot drink at breakfast, and hot Ovaltine is the right kind of a hot drink to give them. Hot Ovaltine makes an important contribution to the nutrient content of breakfast.

A cup of hot Ovaltine at breakfast gives children a good nutritional start for the day. It supplies vitamins, minerals, complete protein, and food energy for making breakfast really count for good growth and vigor. Moreover, it tastes so good that it adds interest to the entire meal.

The figures in the table below showing the important amounts of nutritional essentials in one cup of Ovaltine tell why all children can benefit from this hot drink at breakfast.

THE WANDER COMPANY, 360 NORTH MICHIGAN AVE., CHICAGO 1, ILLINOIS

Ovaltine

Here are the nutrients that a cupful of hot Ovaltine, made of ½ oz. of Ovaltine and 8 fl. oz. of whole milk,* provides:

PROTEIN	10.5 Gm.	IRON	4 mg.	NIACIN	2.3 mg.
FAT	10.5 Gm.	COPPER	0.2 mg.	VITAMIN B_{12}	0.0017 mg.
CARBOHYDRATE	22 Gm.	VITAMIN A	1000 I.U.	VITAMIN C	10 mg.
CALCIUM	370 mg.	VITAMIN B_1	0.39 mg.	VITAMIN D	140 I.U.
PHOSPHORUS	315 mg.	RIBOFLAVIN	0.7 mg.	CALORIES	225

*Based on average reported values for milk.

Which one will open next?

You have seen one door opened after another, as medical research throughout the world has developed new and better medicinal agents for the treatment and control of disease.

Consider pneumonia, for example. Only a few years ago, one of three victims of pneumonia died. Today that ratio is far less grim.

Or look at pernicious anemia. Once it was a hopeless condition. Now it can be controlled so effectively that anemia patients can usually live long, practically normal lives.

Which door will open next? No one knows. But steady progress is being made, and certainly there is reason to believe that keys will one day be found to *swing wide open* doors like those above.

Since 1866, Parke, Davis & Company has been engaged continuously in a broad, active program of research, keeping pace with constant changes and progress in medicine and surgery. There is a constant probing into the unknown, in order that today's medicines may be made more effective . . . and that tomorrow may bring new and more potent weapons against diseases that are as yet unconquered.

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